

Foster Family Home - Deficiency Report

Provider ID: 2-140001

Home Name: Arcelie Weaver, CNA

Review ID: 2-140001-14

1393 Komohana Street

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 11/30/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 12/30/21.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - Unable to verify the validity of the CPR/First Aid training for CG#1.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(4) Fire shall include testing of smoke detectors

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1) Fire - CCFFH did not have evidence of fire drills completed monthly. Last fire drill documented was 8/2021.

(3P)(b)(4) Fire - CCFFH did not have a functioning smoke detector.

(3P)(b)(6) Fire - CCFFH did not have evidence that CG#3 has conducted a fire drill within the last year.

Foster Family Home Physical Environment [11-800-49]

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.(a)(5) - CCFFH did not have a functioning smoke detector installed. The fire extinguisher in the CCFFH was noted to be empty.

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Quality Assurance

[11-800-50]

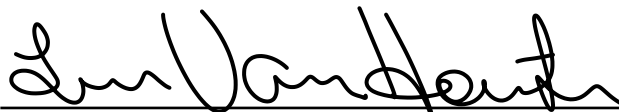
50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(c)(3) Environmental changes or disasters affecting the delivery of services to client; and

Comment:

50.(a) - CCFFH did not have evidence that CG#1, #2, #3 and HHM#1 have been trained on the Emergency Management policy and procedure.

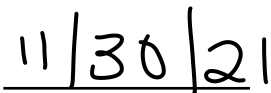
50.(c)(3) - CG#1 reported verbally to CTA compliance manager that she had a small kitchen fire "about a year ago" that required use of the fire extinguisher. CCFFH does not have evidence that this was reported to the CMA.



Compliance Manager



Primary Care Giver



Date



Date