

Foster Family Home - Deficiency Report

Provider ID: 1-210088

Home Name: Fitz Gerald Ibatuan, CNA

Review ID: 1-210088-1

94-736 Kaaka Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 1/4/2022

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 2/4/22.

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


41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

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


Comment:

41.(a)(4) - Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

41.(b)(8) - For CG #1, no current certification for blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.



Compliance Manager



Primary Care Giver

1/4/2022
Date

1/4/2022
Date