

Foster Family Home - Deficiency Report

Provider ID: 1-626202

Home Name: Jaculino Delos Santos, CNA

Review ID: 1-626202-11

1115 Kukila Place

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 2/14/2022

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 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 3/14/22.

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


41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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


41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

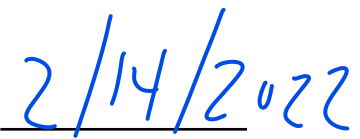
41.(b)(7)(8) - CG #2 needs a current TB clearance. Expired on 1/8/2022.
CG #2 needs a current Blood Born Pathogen certification. Expired on 1/26/2022.
41.(c) - CG #2 only completed 2 hours of In-service training for 2021.




Compliance Manager



Primary Care Giver



Date



Date