

# Foster Family Home - Deficiency Report

Provider ID: 1-562472

Home Name: Anita Locquiao, CNA

Review ID: 1-562472-12

4429 Likini Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 4/29/2022

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of corrections due to CTA on 5/29/2022.

## 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.

Comment:

41.(b)(7)- CG#1's TB clearance expired on 6/15/18; CG#2's expired on 7/29/20 and both were without current clearances present in the CCFFH binder.

41.(b)(8)- CG#1 and CG#2's CPR/First Aid lapsed on 6/28/19 and no current certifications present in the CCFFH binder. Blood borne pathogen lapsed on 2/9/19 for CG#1 and CG#2's lapsed on 4/19/18. No current certifications present in the CCFFH binder.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a),(b)(2)- No monthly fire drills completed for the past 12 months. CG#2 without evidence of conducting a monthly fire drill for the past 12 months.

*Maribel Nakamine, RN* 4/29/22

Compliance Manager

Date

*Anita Locquiao*

4/29/22

Primary Care Giver

Date