

Foster Family Home - Deficiency Report

Provider ID: 1-160063

Home Name: Daisy Jane Madrid, NA

Review ID: 1-160063-10

87-288 St. Johns Road, Apt.
G

Reviewer: Po Lim

Waianae HI 96792

Begin Date: 5/27/2022

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

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

Comment:

Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 6/27/2022. (30 days from the date the CCFH is given their deficiency report)

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.b.5 Missing confidentiality training for C ■■■.

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. Missing BPP training cert for C ■■ and ■.

Foster Family Home 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:

Comment:

50.a Missing Emergency Preparedness Plan policy and training signatures.

Foster Family Home Insurance Requirements [11-800-51]

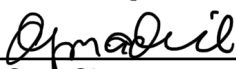
51.(a)(1) General;

Comment:

51.a.1 C ■■ was not added to Liability Insurance policy.



Compliance Manager



Primary Care Giver

5/27/22

Date

5/27/22

Date