

# Foster Family Home - Deficiency Report

Provider ID: 1-210058

Home Name: Richard Arcena, RN

Review ID: 1-210058-3

94-1142 A Limahana Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/26/2022

## 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 plan of correction due to CTA on 6/26/2022. (30 days from the date the CCFH is given their deficiency report)

## 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 and 41.b.8. C ■ does not have updated TB test. C ■ and ■ does not have current bloodborne pathogen CE completed.

## 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 and 46.b.2. No proof of fire drills conducted since start date of home. No proof all caregiver partake/ conducted fire drills.

Compliance Manager

Primary Care Giver

Date

Date