

# Foster Family Home - Deficiency Report

Provider ID: 1-210072

Home Name: Donna Sapaden, NA

Review ID: 1-210072-3

86-140 Leihoku Street

Reviewer: Po Lim

Waianae HI 96792

Begin Date: 7/15/2022

## 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 8/15/2022. (30 days from the date the CCFFH 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.(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.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.b.7 and 41.f.1 C █ TB test/screening expired on █, CG# █ █ TB/Scening expired on █. No current TB test/screening present.

Note: TB must be signed by a MD, DO, NP, PA. Read current newsletter for more info.


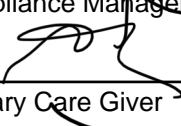
41.c. C █ only have 9.5 hrs credits for CE/in-services training, missing 2.5 hrs.

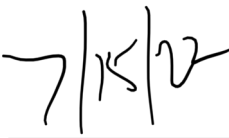
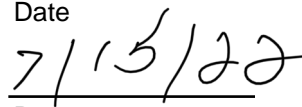
## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.c.5. MAR and Flow sheet for both clients were not documented for 7/13/22 and 7/14/2022.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date