

Foster Family Home - Deficiency Report

Provider ID: 1-170058

Home Name: Felipa Genetiano, CNA

Review ID: 1-170058-9

1305 Nakuina Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 9/13/2022

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 inspection made for a 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 10/13/2022. (30 days from the date the CCFFH is given their deficiency report).

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.a.1 CG#3 and #4 have expired ECRIM on 6/3/2021. No New present.

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. CG#4 have expired TB test/screening 3/4/2022. NO new present.

41.b.8. CG#3 have expired BBP on 6/2/2022. No new present.

41.c. CG#1, CG#2, and CG#5 have deficient in hours. CG#1 missing 6.5 hours, CG#2 missing 4 hours, CG#5 is missing 7 hours.

Compliance Manager

Primary Care Giver

Date

Date