

Foster Family Home - Deficiency Report

Provider ID: 2-614992

Home Name: La Vonnie Fikes, CNA

Review ID: 2-614992-19

15-1991 Poni Moi 29th Street

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 7/26/2022

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 8/25/22.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - Ecrim expired on 6/22/2022 for CG #1 and CG#2. APS/CAN expired on 4/1/2022 for CG #1 and CG #2.

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) - No current TB clearance for CG #1 and CG#2.

41.(b)(8) - No current Blood Borne Pathogen for CG #1 and CG#2.


41.(c) - No In-service training during 2021 for CG #1 and CG#2.



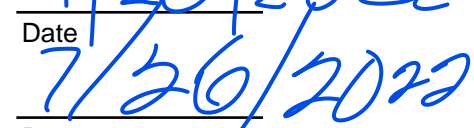
Compliance Manager



Primary Care Giver



Date 7/26/2022



Date 7/26/2022