Foster Family Home - Deficiency Report

Home Name:	Francisco	Redo	na, CNA	Review ID:	1-618811-12
91-1017 A Keok	olo Street			Reviewer:	Po Lim
Kapolei		HI	96707	Begin Date:	3/16/2023

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

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

Comment:

Provider ID:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 3/16/2023 with Plan of Correction due to CTA within 30 days of inspection date of 3/16/2023.

Reduction of bed from 3 beds to 2 beds.

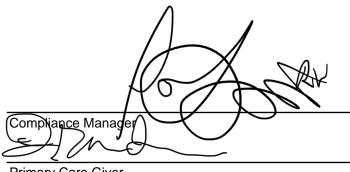
1-618811

Foster Famil	y Home	Personnel and Staffing	[11-800-41]	
41.(b)(8)		cumentation of current training in blood be ation, and basic first aid.	orne pathogen and infection control, cardiopulm	nonary
Comment:				
41.(b)(8) CCF	FH did not h	ave evidence of current First Aid train	ning for CG#3 and CG#4.	
Foster Famil	y Home	Fire Safety	[11-800-46]	
46.(a)	of the da	, ,	a record, in the home, of unannounced fire drill conducted at least monthly under varied condition	

Comment:

46.(a) - Last fire drill present in record was documented on 3/21/2022. No fire drill documentation present for April 2022 through February 2023.

46.(b)(2)- CG#2 and CG#4, did not have evidence of conducting a monthly fire drill within the past 12 months.



Primary Care Giver

3/16/23

Date Date