

Foster Family Home - Deficiency Report

Provider ID: 1-560864

Home Name: Noralyne Cansana, CNA

Review ID: 1-560864-12

94-051 Nawaakoa Place

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 10/27/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 11/27/22.

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:


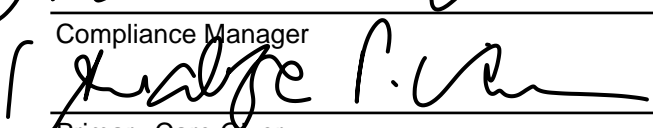
8.(a)(1), (2)- CG##2's Ecrim lapsed on 10/3/21 and was done on 3/16/22; CG#5's lapsed on 10/3/21 and was done on 10/7/21; and CG#7's lapsed on 7/20/22 and was done on 10/3/22. CG#2's APS/CAN lapsed on 7/21/22 and was done on 10/19/22; CG#5's APS/CAN lapsed on 7/2/22 and was done on 8/3/22; and CG#7's APS/CAN lapsed on 7/21/22 and was done on 10/19/22.

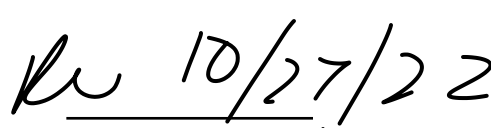
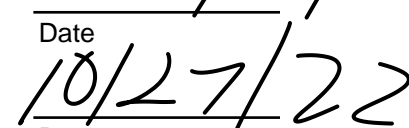
Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- CG#7's basic First Aid certification lapsed on 7/6/22 and no current certificate was present.


Compliance Manager

Primary Care Giver


Date

Date