

Foster Family Home - Deficiency Report

Provider ID: 1-090100

Home Name: Fely Barayuga, CNA

Review ID: 1-090100-15

1808 Beckley Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 3/27/2023

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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 3/27/2023 with Plan of Correction due to CTA within 30 days of inspection date of 3/27/2023.

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


41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

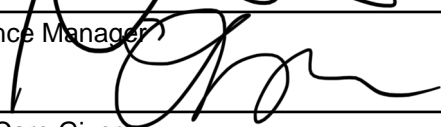
41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#1.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#3. CG# 3 requires 12 hours of in-service training, but had only 0.50 hours attended in 2022-2023.



Compliance Manager


Primary Care Giver

3/27/23

Date

3-27-23

Date