

Foster Family Home - Deficiency Report

Provider ID: 1-160042

Home Name: Jamaica Dalope, CNA

Review ID: 1-160042-12

94-217 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/14/2023

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issue on 3/14/23).

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#3's Bloodborne pathogen and infection control training and CPR/First Aid lapsed on 3/7/23 and no current certifications were present.

Foster Family Home Records [11-800-54]

54.(c)(8) Personal inventory.

Comment:

54.(c)(8)- Client #1 did not have evidence that a personal inventory log has been initiated and or maintained.

Maribel Nakamine, RW

Compliance Manager

[Signature]
Primary Care Giver

Date

Date

3/14/23
3/14/23