

Foster Family Home - Deficiency Report

Provider ID: 1-210031

Home Name: Judith Pasion, NA

Review ID: 1-210031-6

94-1197 Hinaea Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/5/2023

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 2/5/2023.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- no confidentiality policies and procedures and client privacy rights training present for HHM#1.

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.

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)(8)- CG#3's blood borne pathogen and infection control certification lapsed on 4/1/22 and no current certification present.


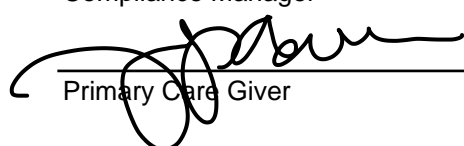
41.(c)- CG#3 was short of 2 hours of the annual in-service training for the year 2022.



Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

Comment:

54.(a)(1)- No Emergency/Evacuation Map present in the CCFFH.


Compliance Manager

Primary Care Giver


Date

Date