

Foster Family Home - Deficiency Report

Provider ID: 1-220020

Home Name: Kathrene Ramos, CNA

Review ID: 1-220020-4

2836 Kamaikai Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 1/10/2023

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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 2/10/2023. (30 days from the date the CCFFH is given their deficiency report).

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#2 lapsed on CPR, AED, and First Aid. Old expired on 9/30/2022 and renewed on 11/21/2022.

Foster Family Home Fire Safety [11-800-46]

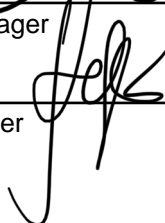
46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

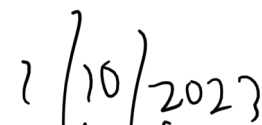
46.a. All CGs did not conduct fire drill since 8/11/2022.



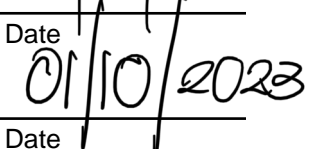
Compliance Manager



Primary Care Giver



Date



Date