Foster Family Home - Deficiency Report							
Provider ID:	1-220035						
Home Name:	Luz Cortelin	g, RN	Review ID:	1-220035-4			
94-673 Kime St	reet		Reviewer:	Po Lim			
Waipahu	Н	l 96797	Begin Date:	2/15/2023			
Foster Family Home Required Certifica		e	[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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 2/15/2023 with Plan of Correction due to CTA within 30 days of inspection date of 2/15/2023.

Foster Family H	ome 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# 2. CG# 2 requires 8 hours of in-service training, but had only zero hours attended in 2022.

Foster Famil	y Home	Fire Safety	[1	11-800-46]	
46.(a)	of the day		rills shall be conducted at le	e home, of unannounced fire o east monthly under varied cor	
46.(b)(2)	All caregiv	ers have been trained to im	plement appropriate emerg	gency procedures in the event	t of a fire.
Comment:					

46.(a) - Last fire drill present in record was documented on 5/12/2022. No fire drill documentation present for June 2022 through Jan 2023.

46.(b)(2)- CG#2 did not have evidence of conducting a monthly fire drill within the past 12 months.

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Primary Care Giver	$\gamma$
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225 Date