

Foster Family Home - Deficiency Report

Provider ID: 1-190009

Home Name: Marikit Cardon, CNA

Review ID: 1-190009-7

548 S. Kamehameha Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 2/17/2023

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 3/16/23.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(5)(B) The transportation plan may include but is not limited to the use of a handivan, taxi, or a substitute driver;

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.(a)(2) - Lapse in CNA certification for CG#1. CNA certificate expired 10/31/22.

41.(b)(8) - CG#2 and CG#3 had expired bloodborne pathogen training.

41.(c) - CG#1, #2, and #3 did not have the required number of annual training hours completed within the last 12 months.

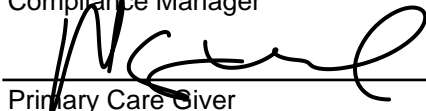
Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - CCFFH did not have evidence of current liability insurance. Policy lapsed 1/1/23.


Compliance Manager


Primary Care Giver

2/16/23

Date

2/16/23

Date