

Foster Family Home - Deficiency Report

Provider ID: 1-200016

Home Name: Mylin Smith, CNA

Review ID: 1-200016-7

95-253 Kehepue Loop

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 1/11/2023

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 a written Plan of Correction due to CTA within 30 days (issued date: 1/11/23).

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7)- CG#3's TB clearance lapsed on 1/15/22 and was not renewed until 10/25/22. CG#4's TB clearance also lapsed on 1/8/22 and was not renewed until 11/15/22.

41.(b)(8)- CG#3's CPR/First Aid certifications lapsed on 1/4/2023 and no current certificates were present.

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)- No evidence that CCFFH conducted a nighttime fire drill for the past 12 months.

Maribel Nakamine, R

Compliance Manager

Mylin R. Smith

Primary Care Giver

1/11/23

Date

1/11/23

Date