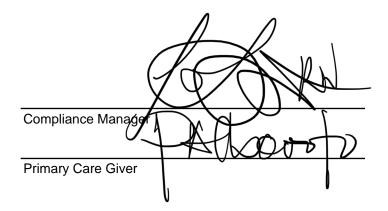
		Foster Fa	mily Home	- Deficiency Report	
Provider ID:	1-130053				
Home Name:	Paulina Alt	ooroto, CNA	Review ID:	1-130053-12	
94-552 Koaleo Street			Reviewer:	Po Lim	
Waipahu	I	HI 96797	Begin Date:	1/30/2023	
Foster Family Home Required Certificate			ate	[11-800-6]	
6.(d)(1) Comply with all applicable requirements in this chapter; and					
Comment:					
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.					
Deficiency Report issued during CCFFH inspection via email on 1/30/2023 with Plan of Correction due to CTA within 30 days of inspection date of 1/30/2023.					
Foster Family	/ Home	Information Conf	fidentiality	[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.					
16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG #5.					
Foster Family	/ Home	Personnel and S	taffing	[11-800-41]	
41.(b)(8)		cumentation of current tion, and basic first aid		orne pathogen and infection control, cardiopulmonary	

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG #2 and #4. They were due on/before 7/31/2022 and 9/30/2022, respectively.

Lapse in Bloodborne Pathogen / IC for CG #1. BBP was due on or before 4/14/2022, and was completed 1/2023.



Date Date 1/30/2023 1:54:07 PM

Comment: