

Foster Family Home - Deficiency Report

Provider ID: 1-130053

Home Name: Paulina Alboroto, CNA

Review ID: 1-130053-12

94-552 Koaleo Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/30/2023

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 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 Confidentiality [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.

Comment:

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 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) 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.

Compliance Manager

Primary Care Giver

Date

Date

1/30/2023 1:54:07 PM