

Foster Family Home - Deficiency Report

Provider ID: 1-170043

Home Name: Shirley Baldonado, CNA

Review ID: 1-170043-10

94-1121 Kaloli Loop

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 3/31/2023

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 3/31/2023 with Plan of Correction due to CTA within 30 days of inspection date of 3/31/2023.

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#1. Bloodborne Pathogen/Infection Control training was lapsed, it was due on/before 02/18/2023 and was completed on 3/31/2023.

Foster Family Home Fire Safety [11-800-46]

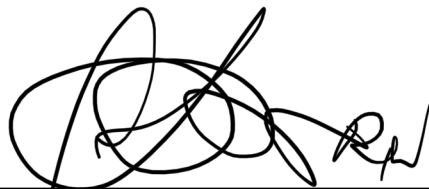
46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) - Last fire drill present in record was documented on 1/28/2023. No fire drill documentation present for February 2023.

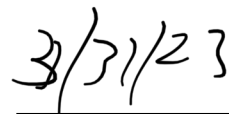
46.(b)(2)- CG# 4 did not have evidence of conducting a monthly fire drill within the past 12 months.



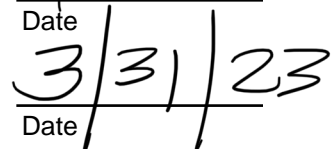
Compliance Manager



Primary Care Giver



Date



Date