

Foster Family Home - Deficiency Report

Provider ID: 1-210074

Home Name: Justine Manera, CNA

Review ID: 1-210074-7

91-833 Aikanaka Road

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 6/8/2023

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 6.8.2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

CCFFH is applying to increase beds from 2 beds to 3 beds.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1.and 8.a.2. HHM #3 and #4 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

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

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

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

Comment:

41.a.2. CG#2 and #3 are qualified for 2 beds home, and are not qualify to work in a 3 bed CCFFH.

41.b.8 CG#1 is missing First Aid training. Not present in the file.

Compliance Manager

Primary Care Giver

Date

Date