

# Foster Family Home - Deficiency Report

Provider ID: 1-150059

Home Name: Reymalou R. Tagudin, CNA

Review ID: 1-150059-4

1348 17th Avenue

Reviewer: Po Lim

Honolulu

HI

96816

Begin Date: 4/25/2023

Foster Family Home	Required Certificate	[11-800-6]
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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 4/25/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

CCFFH applying to increase from 2 beds to 3 beds.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41(a)(3) No job experience form present for CG#4.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG# 1. It was due on/before 1/19/2023.

41.(h) CG#4 is not approved to work in a 3 bed CCFFH.

Compliance Manager

Primary Care Giver

Date

Date