

Foster Family Home - Deficiency Report

Provider ID: 1-170058

Home Name: Felipa Genetiano, CNA

Review ID: 1-170058-11

1305 Nakuina Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 6/14/2023

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 6/14/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was overdue/lapsed for CG# 3 and HHM# 1. State Name Check (eCrim) was due on or before 10/9/2022 and was completed on 5/10/2023.

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# 3. It was due on/before 2/26/2023.

CG#5 is missing First Aid.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year. Missing March through May 2023 fire drills.

Compliance Manager

Primary Care Giver

Date

Date