

# Foster Family Home - Deficiency Report

Provider ID: 1-220090

Home Name: Teofila Joan Pascual, CNA

Review ID: 1-220090-3

98-202 Kanuku Street

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 8/4/2023

## 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 8/4/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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) CG#4 lapsed on CPR/First Aid training. It was due on/before 5/31/2023, and was completed on 8/3/2023.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#4 did not receive the EPP training.

## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG#4 and CG#6 are not included on the policy.

Compliance Manager

Primary Care Giver

Date

Date