

Foster Family Home - Deficiency Report

Provider ID: 1-562886

Home Name: Lemelyn Maluyo-Mabuti, CNA

Review ID: 1-562886-15

94-1062 Kahuamoku Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 9/5/2023

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 9/5/2023 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) CCFFH did not have evidence of current CPR/First Aid/AED training for CG#1, #2, and #4. It was due on/before 07/31/2023. No renewal in file.

CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#4. It was due on/before 01/15/2023. No renewal in file.

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. Last fire drill was conducted on 7/31/2023 and August 2023 drill was missing.

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 received the Emergency Preparedness Plan training nor sign the acknowledgement form.

Compliance Manager

Primary Care Giver

Date

Date