

Foster Family Home - Deficiency Report

Provider ID: 1-170099

Home Name: Daisy Cablayan, CNA

Review ID: 1-170099-12

1828 Kamehameha IV Road

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 10/17/2023

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 10/17/23).

6.d.1- Client #1 without an 1147 present in chart. Client #2's 1147 lapsed on 2/18/22 and no current 1147 was present in chart.

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#1, CG#2, and CG#5 were without any Basic First Aid certifications/training.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #1's Service Plan dated 4/13/23 without the POA's signature.



Compliance Manager

Date

10/17/23


Primary Care Giver

Date

10/17/23