

# Foster Family Home - Deficiency Report

Provider ID: 1-210005

Home Name: Josephine De Vera, NA

Review ID: 1-210005-7

91-154 Hailipo Street

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 11/6/2023

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection (inspection date:11/06/2023).

## 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.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8): Evidence by CCFFH of lapse in CPR/First Aid training for CG#4. Documents provided by CCFFH show lapse from 9/6/2023 to 10/10/2023.

41.(c): No evidence by CCFFH of completing minimum 12 hours of annual training in 2022 for CG#1. Documents provided by CCFFH show less than 12 hours completed.

## 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): No evidence by CCFFH of client #1's service plan addressing client is on hospice.



Compliance Manager



Primary Care Giver

11/6/23  
Date  
11/6/23  
Date