

Foster Family Home - Deficiency Report

Provider ID: 1-100052

Home Name: Jocelyn Alcaraz, CNA

Review ID: 1-100052-14

91-1124 Kauiki Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 1/9/2024

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 1/9/2024 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 First Aid training for CG# 4. It is missing from file.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

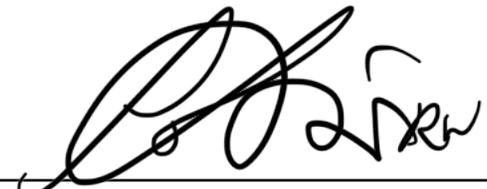
43.(c)(3) No RN delegation present for Client #2 for CG#1, #2, #3, #4, and #5 (All CGs).

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

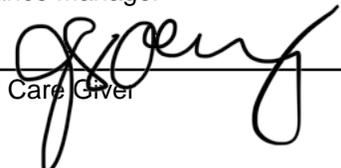
(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)The CCFFH did not have evidence that fire drills had been conducted monthly. December 2023 fire drill was missing from file.



Compliance Manager



Primary Care Giver



Date



Date