

# Foster Family Home - Deficiency Report

Provider ID: 1-563777

Home Name: Josefina Ownbey, CNA

Review ID: 1-563777-16

91-804 Kauwili 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 Bloodborne Pathogen/Infection control training for CG# 3. It was due on/before 10/22/2023.

Compliance Manager

Primary Care Giver

Date

Date