

# Foster Family Home - Deficiency Report

Provider ID: 1-620808

Home Name: Elena Sevilla, CNA

Review ID: 1-620808-15

92-587 Awawa Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 1/18/2024

## 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.

Client #2 form 1147 was incomplete, no indication of points on the form.

Deficiency Report issued during CCFFH inspection via email on 1/18/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were lapsed for HHM# 1. APS/CAN was due on or before 4/22/2023 and was completed on 11/16/2023.

## Foster Family Home Personnel and Staffing [11-800-41]

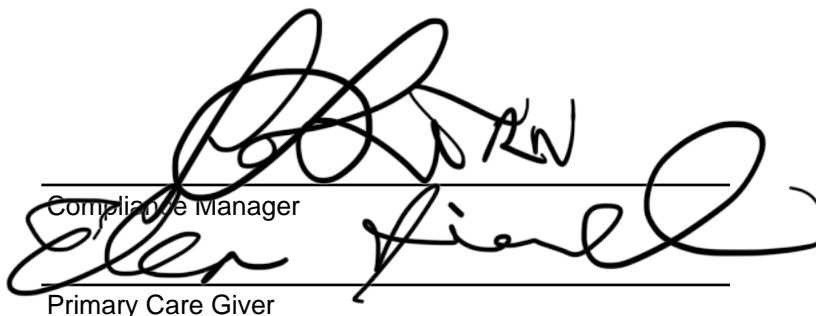
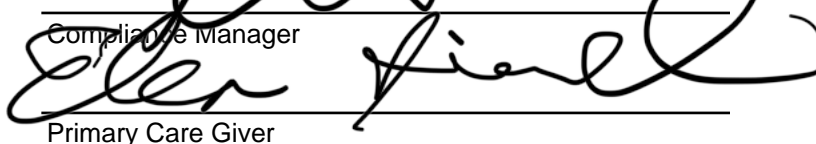
41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

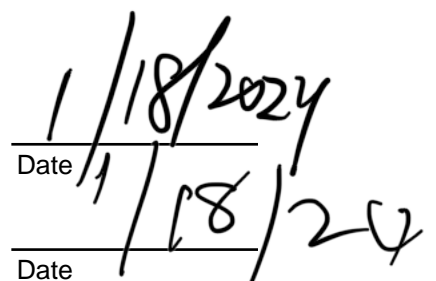
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(a)(3) No job experience form present for CG#2.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG# 2. It was due on/before 1/10/2024.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
Date 1/18/2024  
Date 1/18/2024