Foster Family Home - Deficiency Report

Provider ID: 1-220024

Home Name: Susan Dumbrigue, CNA Review ID: 1-220024-5

91-1001 Hanakahi Street Reviewer:

Po Lim

Ewa Beach HI 96706 Begin Date: 1/11/2024

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.

CCFFH has applied for increase, from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 1/11/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family H	lome 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.(c)	ne primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service alining 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 same.		

Comment:

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

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 2. CG# 2 requires 12 hours of in-service training, but had only 4 hours attended in 2023.

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drills had been conducted by each CG at least once per year. CG#2 and CG# did not lead/conduct a fire drill in the past 12 months.

Compliant Manager

rimary Care Giver

Date //// /2 C/

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