

Foster Family Home - Deficiency Report

Provider ID: 1-180019

Home Name: Sheillamari Prepuse, RN

Review ID: 1-180019-12

86-218 Leihoku Street

Reviewer: Po Lim

Waianae

HI 96792

Begin Date: 1/29/2024

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 1/29/2024 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#1 and #2. It was due on/before 1/5/2024.

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

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

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

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly, and included each CG at least once per year. CG#2 have not conducted a fire drill in the past 12 months. Fire drills were missing on 4/2023 and 12/2023.

Compliance Manager

Primary Care Giver

Date

Date