

Foster Family Home - Deficiency Report

Provider ID: 1-170009

Home Name: Norma Maneja, CNA

Review ID: 1-170009-12

91-1165 Kumulipo Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 2/1/2024

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 2/1/2024 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.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

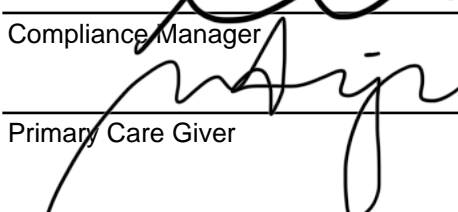
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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 is missing from the file.


Compliance Manager


Primary Care Giver


Date

2-01-24
Date