

Foster Family Home - Deficiency Report

Provider ID: 1-110037

Home Name: Bernadette Aquino, CNA

Review ID: 1-110037-16

92-790 Paakai Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 3/7/2024

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 3/7/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:


16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#4 and CG#5.

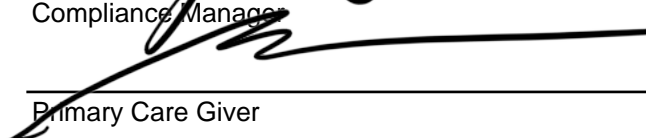
Foster Family Home Personnel and Staffing [11-800-41]

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


Comment:

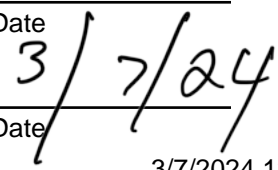
41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG# 5. It was due on/before 1/8/2024.



Compliance Manager


Primary Care Giver



Date


Date