

Foster Family Home Deficiency Report

Provider ID: 1-554139

Home Name: Eriinda Ibarra, RN

Review ID: 1-554139-16

3145-D Kalia Street

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 3/20/2024

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 3/20/2024).

Report given to CCFFH on 3/22/2024.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7): Evidence by CCFFH of lapse of TB clearance for CG#3. Documentation provided by CCFFH show current TB clearance due 5/08/2023 and was completed 12/20/2023.

41.(b)(8): No evidence by CCFFH of completing minimum 8 hours of annual in-service training for CG#2, CG#3, and CG#4. Documents provided by CCFFH show that caregivers have completed 6 hours in 2023.

Compliance Manager

Primary Care Giver

3/22/24
Date
3/22/24
Date