

Foster Family Home - Deficiency Report

Provider ID: 1-120036

Home Name: Helen Balila, CNA

Review ID: 1-120036-19

4019 Maunaloa Avenue

Reviewer: Po Lim

Honolulu

HI 96816

Begin Date: 3/8/2024

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 3/8/2024 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.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training 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 home.

Comment:

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG# 2. It was due on/before 10/1/2023.

CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG# 1. It was due on/before 2/23/2023.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 1. CG# 1 requires 12 hours of in-service training, but had only 9 hours attended in 2023.

Compliance Manager

Primary Care Giver

Date

Date