

Foster Family Home - Deficiency Report

Provider ID: 1-210034

Home Name: Regie Corpuz, NA

Review ID: 1-210034-7

94-1108 Pulelo Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 4/23/2024

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 4/23/24).

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)- CG#6's TB clearance lapsed on 3/22/24 and no current result was present.

41.(b)(8)- CG#6's CPR training lapsed on 2/2023 and no current certification was present.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:


46.(a), (b)(2)- No monthly fire drill present for April 2023. CG#6 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home Records [11-800-54]


54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #1's Service Plan dated 3/1/24 did not address the specialty services (Rehab/PT/OT).



Compliance Manager



Primary Care Giver

4/23/24
Date

4/23/24
Date