

Foster Family Home - Deficiency Report

Provider ID: 2-100047

Home Name: Sosima Sonson, CNA

Review ID: 2-100047-14

74-5038 Huaala Street

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 3/1/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 4/1/24.

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) - CG #3 and CG #5 have expired CPR and First Aid certificates. Expired on 2/25/2024.

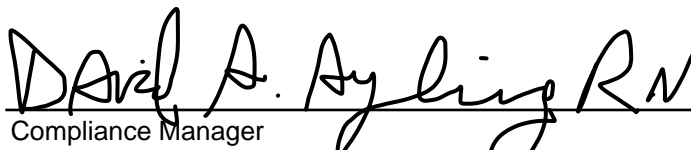
41.(c) - No proof of 24-hour In-service training for CG #1 and CG #2. CG #3 and CG #4 only did 8 hours of In-service training for 2023.

Foster Family Home Records [11-800-54]

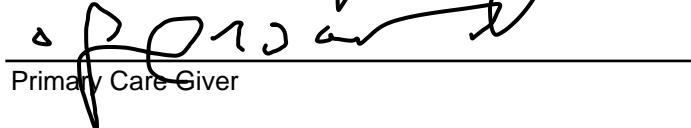
54.(c)(5) Medication schedule checklist;

Comment:

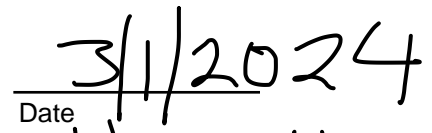
54.(c)(5) - Incorrect dosage on MAR for 1 medication for Client #2



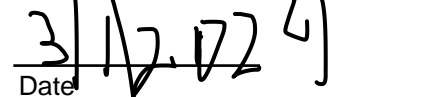
Compliance Manager



Primary Care Giver



Date



Date