Foster Family Home - Deficiency Report

Provider ID: 1-170021

Home Name: Steeven Pineda, CNA Review ID: 1-170021-13

94-593 Pilimai Street Reviewer: Po Lim

Waipahu HI 96797 Begin Date: 2/15/2024

Foster Family	/ Home Re	quired 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.

Client #2 form 1147 expired 2/1/2024.

Deficiency Report issued during CCFFH inspection via email on 2/15/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family F	lome Personnel and Staffing	[11-800-41]
41.(b)(8)	Have documentation of current training in blood borne paresuscitation, and basic first aid.	athogen and infection control, cardiopulmonary
41.(g)	and specific skill areas needed to perform tasks necessar	egivers shall be kept in the client's, case manager's, and

Comment:

41.(b)(8) CCFFH did not have evidence of current CPR training for CG#3. It was due on/before CG#3 CPR/1st aid expires 8/1/2023.

41.g. No basic skills check present in record for CG#2 for client #3.

Foster Family	Home	Client Care and Services	[11-800-43]	
43.(c)(3)		ed on the caregiver following a service plan f		RN case manager may
Comment:	uelegai	e client care and services as provided in cha	ipier 16-69-100.	

43.(c)(3) No RN delegation present for Client #2 and Client #3 for CG# 2.

Foster Family H	ome Records	[11-800-54]	
54.(c)(2)	Client's current individual service plan, and	d when appropriate, a transportation plan appr	oved by the department;
Comment:			

54(c)(2) No current service plan present for Client# 2. Last one in record is dated 5/31/2022.

Compliance Manager

Primary Care Giver

Page 1 of 1

2/15/2024 12:53:53 PM