

# Foster Family Home - Deficiency Report

Provider ID: 1-220052

Home Name: Mary Ann Fiesta Magno, NA

Review ID: 1-220052-5

91-1115 Ahona Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 5/9/2024

## 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/13/2024 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 Bloodborne Pathogen/Infection control training for CG#1. CG#1 lapsed for BBP/IC, it was due on/before 4/1/2023 and was completed on 1/2/2024.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, CG#2, and CG#3.

CG#1 requires 12 hours of in-service training, but had ZERO hours attended in 2023.

No annual in-service training hours for CG# 2 for 2023 present in record.

CG# 3 was required to have 8 hours in 2023, but only had 4 hours completed in 2023.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

5/13/2024  
Date

5/13/2024  
Date