

Foster Family Home - Deficiency Report

Provider ID: 4-525272

Home Name: Renee Rames, CNA

Review ID: 4-525272-17

677 Maika Place

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 6/12/2024

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 7/12/24.

Foster Family Home Personnel and Staffing [11-800-41]

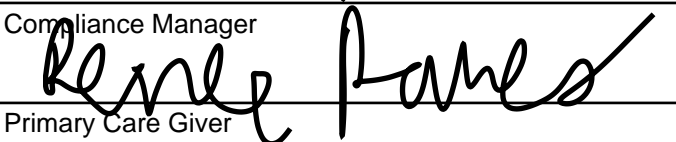
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - The CCFFH did not have evidence that CG#5 and CG#7 had completed first aid training. Both CGs had up to date BLS certificates only.



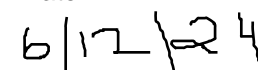
Compliance Manager



Primary Care Giver



Date



Date