

Foster Family Home - Deficiency Report

Provider ID: 1-586216

Home Name: Zenaida Ramos, CNA

Review ID: 1-586216-14

94-409 Pupukupa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/29/2024

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 4/29/2024 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 CPR/First Aid/Bloodborne Pathogen/Infection control training for CG# 3. CG#3 CPR/1st aid expires 1/3/2021 and Bloodborne Pathogen/IC was due on or before 1/5/2024.

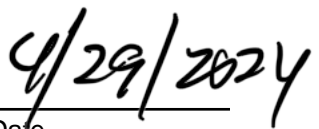
41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 3. CG# 3 requires 8 hours of in-service training, but had only ZERO hours attended in 2023.



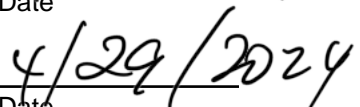
Compliance Manager



Primary Care Giver



Date



Date