

Foster Family Home - Deficiency Report

Provider ID: 1-220010

Home Name: Ardel Salacup, CNA

Review ID: 1-220010-6

94-1064 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/22/2024

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/22/24).

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)- CG#6's blood borne pathogen and infection control certification lapsed on 7/19/24 and no current certificate was present.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#5 and CG#6 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

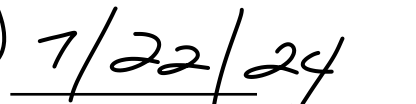
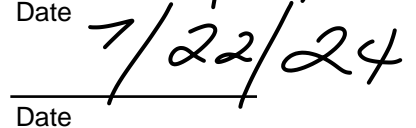
Comment:

54.(a)(1)- CCFFH's Emergency and Evacuation map was not updated to reflect current structure of the CCFFH.

54.(b)- No caregivers' signatures in Client #1's progress/observation documentations from 4/1/24- 5/21/24.


Compliance Manager

Primary Care Giver


Date

Date