

Foster Family Home - Deficiency Report

Provider ID: 2-200032

Home Name: Carmela Santiago, CNA

Review ID: 2-200032-10

16-1331 Pohaku Circle

Reviewer: David Ayling

Kea'au

HI 96749

Begin Date: 7/17/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/17/24.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No first year APS/CAN and fingerprints for HHM #4.

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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8) - CPR/First Aid not obtained from an approved school for CG #1.

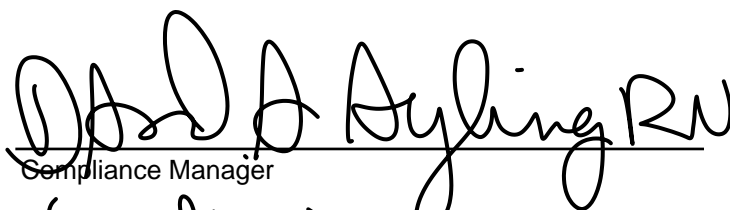
41.(f)(1) - No current TB clearance for HHM #4.

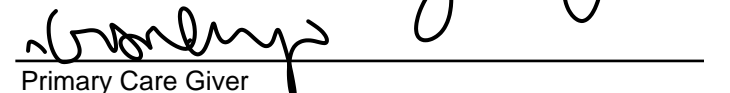
Foster Family Home Medication and Nutrition [11-800-47]

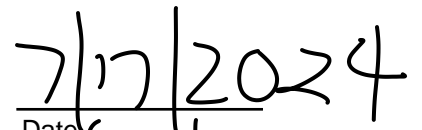
47.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, section 16-89-100.


Comment:

47.(a) - RN delegations not done for CG #2 for Client #1 by CMA #1.


Compliance Manager


Primary Care Giver


Date


Date