		Foster Famil	ly Home -	Deficiency Report
Provider ID:	2-590366			
Home Name:	Ethel Ah Lo	o, CNA	Review ID:	2-590366-17
995 Mililani Stree	t		Reviewer:	Maribel Nakamine
Hilo	F	HI 96720	Begin Date:	7/12/2024
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 visit made for a 3-bed annual inspection.				
Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/12/24).				
Foster Family	Home	Background Checks	5	[11-800-8]
8.(a)(2)	Be subjec	t to adult protective servic	ce perpetrator ch	hecks if the individual has direct contact with a client; and
Comment:				
8.(a)(2)- HHM#1's APS/CAN lapsed on 10/27/23 and no current result was present.				
Foster Family	Home	Information Confide	ntiality	[11-800-16]
16.(b)(5)		aining to all employees, a and client privacy rights		other adults in the home, on their confidentiality policies and
Comment:				
16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#2, CG#3, and HHM#1.				
Foster Family	Home	Personnel and Staff	ing	[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#2's CPR lapsed on 8/10/23 and no current certification was present.				
3 Person Fire 3 Natural Disast		3 Person Fire Safety	1	(3P) Fire
(3P)(b)(6) Fire	shall inclu	ide all SCGs at least once	e per year	
Comment:				
(3P)(b)(6)Fire- CG#2 and CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.				
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12 Compliance Manager

Date

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Primary Care Giver

7/12/2024 11:02:38 AM