

# Foster Family Home - Deficiency Report

Provider ID: 1-509276

Home Name: Eunice Aguilar, CNA

Review ID: 1-509276-16

94-1091 Nalii Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 6/27/2024

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 6/27/2024).

CCFFH requests to decrease from 3 bed to 2 bed CCFFH.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7): Evidence of lapse of TB clearance for CG#5. TB clearance was due by 4/28/2024 but completed on 3/16/2024. No documentation provided that CG was removed from CCFFH and added later on.

41.(b)(8): Evidence of lapse of bloodborne pathogen and infection control training for CG#3. Training was due by 1/08/2023 but completed on 1/4/2024. No documentation provided that CG was removed from CCFFH and added later on.


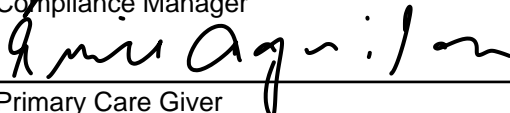
41.(b)(8): No documentation provided by CCFFH of current CPR/first aid training certificate for CG#1. CPR/first aid training was due by 1/25/24.

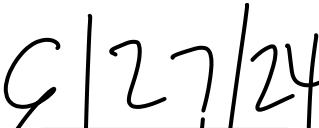
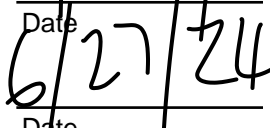
## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No documentation of fire drills were conducted monthly at CCFFH. Last documented fire drill was dated 5/1/2023.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date