

Foster Family Home - Deficiency Report

Provider ID: 1-582248

Home Name: Ma Lournalee Asuncion, CNA

Review ID: 1-582248-16

98-544 Kaamilo Street

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 7/16/2024

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: 7/16/2024).

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): No documentation provided of tb clearance completed in past 13 months signed by MD/APRN/PA for CG#4.


41.(b)(8): No documentation provided by CCFFH of current CPR/first aid training for CG#3. Current certificate expired 4/28/2024.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

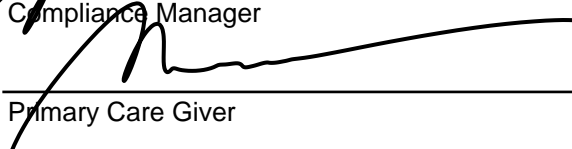
(3P)(b)(1) Fire shall be conducted monthly

Comment:

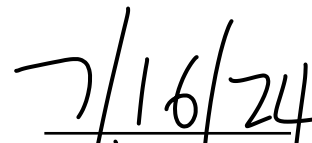
(3P)(b)(1) Fire: No fire drill conducted in 5/2024 by CCFFH.



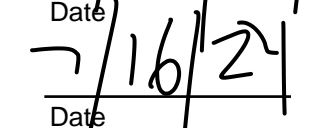
Compliance Manager



Primary Care Giver



Date



Date