

Foster Family Home - Deficiency Report

Provider ID: 1-220083

Home Name: Tiffany Lou Salcedo, CNA

Review ID: 1-220083-5

91-1030 Kaiakua Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 7/25/2024

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 re-certification inspection.

CCFFH is applying for client increased from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 7/25/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

Comment:

41(a)(2) CG#3 and CG#4 are not approved to work in a 3 beds CCFFH.

41(a)(3) No job experience form present for CG#3.

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG# 2.

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drills included each CG at least once per year. CG#4 did not conduct a fire drill in the last 12 months.

Compliance Manager

Primary Caregiver

Date

Date