

# Foster Family Home - Deficiency Report

Provider ID: 1-230009

Home Name: Sherir Joy D. Rafael, CNA

Review ID: 1-230009-6

94-428 Kauhui Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 11/6/2024

## 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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within inspection (inspection date: 11/6/2024).

## 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.

Comment:


41.(b)(8): Evidence of lapse of first aid/CPR training for CG#2. Training was due by 2/4/2024 and was completed 4/2/2024.

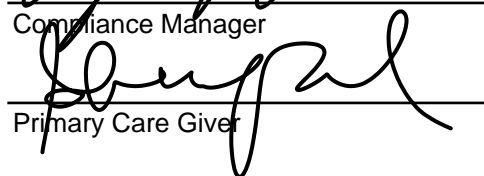
## Foster Family Home Records [11-800-54]

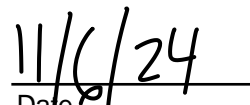
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

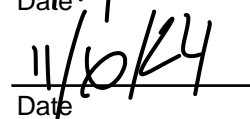
Comment:

54.(c)(2): No documentation of client #1/POA's signature on current service plan.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date