

# Foster Family Home - Deficiency Report

Provider ID: 1-230007

Home Name: Sweet Pouli, CNA

Review ID: 1-230007-5

85-844 Lihue Street

Reviewer: Po Lim

Waianae

HI 96792

Begin Date: 11/27/2024

## 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 visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/27/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.2. CG#1 missed an exemption process/result for APS CAN.

## 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) CCFFH did not have evidence of current TB clearance or exclusion for CG#1 and CG#3. CG#1 TB clearance lapsed, was due on/before 6/7/2024 and was done on 11/25/2024. CG#3 is missing TB clearance.

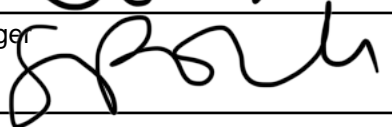
41.(b)(8) CCFFH did not have evidence of current First Aid/Bloodborne Pathogen/Infection control training for CG#3. CG#3 BBP/IC and 1st aid are missing.

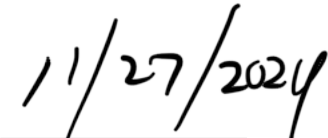
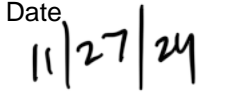
## Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#2 did not have evidence of conducting a monthly fire drill within the past 12 months.

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

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