

Foster Family Home - Deficiency Report

Provider ID: 1-200067

Home Name: Trelita Sacayanan, CNA

Review ID: 1-200067-9

91-1222 Hanaloa Street

Reviewer: Po Lim

Ewa Beach HI 96706

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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/6/2024 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.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG# 1. It was due on/before 10/25/2024.

Foster Family Home Records [11-800-54]

54.(c)(8) Personal inventory.

Comment:

54(c)(8) Client#1 did not have evidence that a personal inventory log has been initiated and/or maintained.



Compliance Manager


Primary Care Giver

11/6/2024

Date
11/5/2024

Date
11/6/2024 1:05:57 PM