

Foster Family Home - Deficiency Report

Provider ID: 1-560393

Home Name: Madeline Sagun, RN

Review ID: 1-560393-18

91-323 Hoalauna Place

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 11/22/2024

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 11/22/2024 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 Bloodborne Pathogen/Infection control training for CG#2, #3, and #4. It was due on/before 11/4/2024.

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

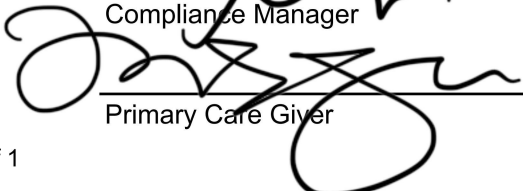
46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

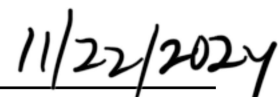
46.(b)(2)- CG#4 did not have evidence of conducting a monthly fire drill within the past 12 months.



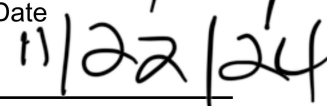
Compliance Manager



Primary Care Giver



Date



Date