

Foster Family Home - Deficiency Report

Provider ID: 1-510059

Home Name: Cherly Silao, CNA

Review ID: 1-510059-10

4107 Likini Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 8/23/2021

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 recertification inspection was conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/23/2021.

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

8.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department. Requests for exemptions must be:

8.(e)(3)(A) Has a conviction for a crime other than a minor traffic violation involving a fine of \$50 or less;

Comment:

8.(e), 8.(e)(3)(A)- CG#2 with positive findings in Ecrim. Application sent on 7/15/2021. Pending for exemption determination thru Fieldprint.

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)- CG#1's bloodborne pathogen and infection control training lapsed on 1/17/19 and was done on 11/21/19.

Maribel Nakamine, Rv

Compliance Manager

Cherly Silao

Primary Care Giver

8/23/2021

Date

8/23/2021

Date