

# Foster Family Home - Deficiency Report

Provider ID: 1-210083

Home Name: Grace M. Bunao, NA

Review ID: 1-210083-1

86-240 Leihua Street

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 12/7/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 1/7/22.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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) - No current TB clearance for CG #2.

41.(b)(8) - No current CPR/First Aid certification for CG #2.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date