

Foster Family Home - Deficiency Report

Provider ID: 2-100110

Home Name: Josephine Ganancial, CNA

Review ID: 2-100110-12

16-2061 Uilani Drive

Reviewer: Terri Van Houten

Pahoa

HI 96760

Begin Date: 12/2/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

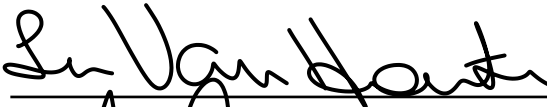
6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 1/2/2022.

Foster Family Home Personnel and Staffing [11-800-41]


41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

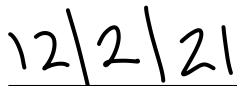
41.(b)(7) - CG#2 and CG#5 did not have evidence of current TB clearance on file (Completed within the last 11-13 months).



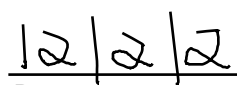
Compliance Manager



Primary Care Giver



Date



Date