

# Foster Family Home - Deficiency Report

Provider ID: 1-594665

Home Name: Connie Felipe, CNA

Review ID: 1-594665-11

91-871 Halalii Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 5/23/2022

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) no proof of TB clearance for CG 3

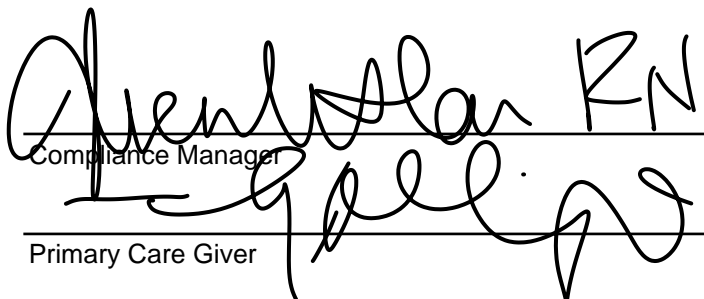

41.(c) No proof of 12 hours training for CG # 3

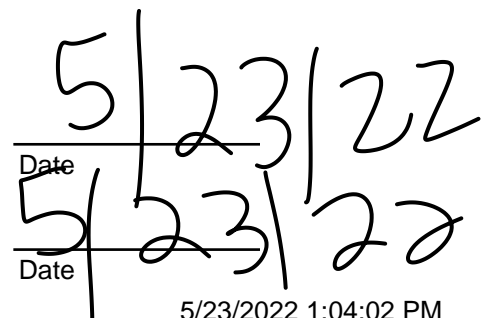
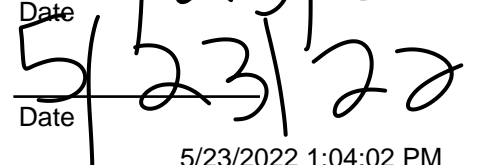
## Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Client [redacted] bedroom walls have old spattered materials and grime on high touch surfaces

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date