

# Foster Family Home - Deficiency Report

Provider ID: 1-628167

Home Name: Emilita Aquino, CNA

Review ID: 1-628167-12

91-1053 Kuhina Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 5/16/2022

## 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.

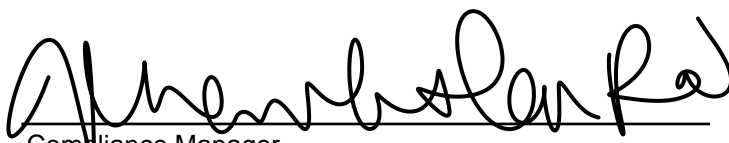
Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

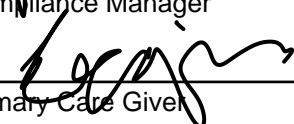
## Foster Family Home Personnel and Staffing [11-800-41]

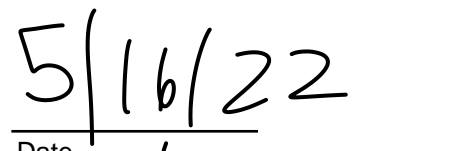
41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

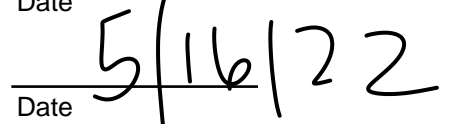
Comment:

41.(b)(5)(C)(ii) CG 1,3 and 5 had TB screening only without proof of criteria required for screening only

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date