

Foster Family Home - Deficiency Report

Provider ID: 1-560525

Home Name: Leilanie Frazee, CNA

Review ID: 1-560525-12

94-480 Palai Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 6/13/2022

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/13/22.

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)- C [REDACTED]'s TB clearance lapsed on [REDACTED] and no current clearance present in the CCFFH binder.

Maribel Nakamine, RN

Compliance Manager

Leilanie A. Frazee

Primary Care Giver

6/13/22

Date

6/13/22

Date