

Foster Family Home - Deficiency Report

Provider ID: 2-140053

Home Name: Edna Salom, CNA

Review ID: 2-140053-12

812 West Kawaihāni Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 6/15/2022

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 7/15/22.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No current APS/CAN and fingerprints for HHM [redacted] and HHM [redacted].

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance for HHM [redacted].


Compliance Manager


Date


Primary Care Giver


Date