

# Foster Family Home - Deficiency Report

Provider ID: 2-140050

Home Name: Linus June D. Pascual, CNA

Review ID: 2-140050-9

61 Hookano Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 8/8/2022

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 9/8/22.

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

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

Comment:

8.(a)(2) - APS/CAN expired on 10/29/21 for CG #1. APS/CAN expired on 5/13/22 for CG #2.

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

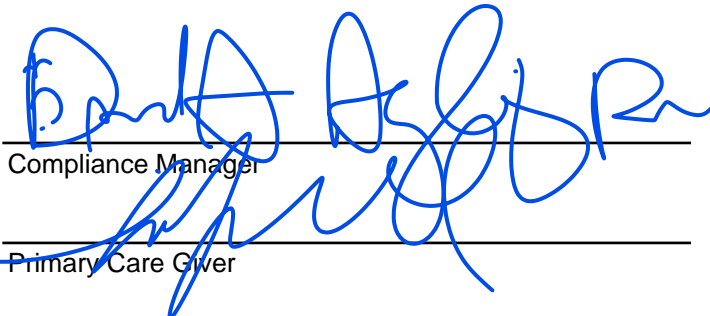
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

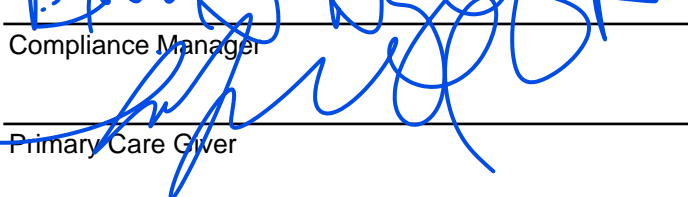
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.


Comment:

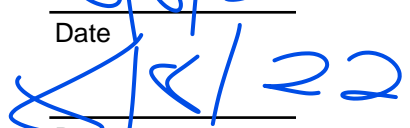
41.(b)(7) - No current TB clearance present for CG #1, CG#2, and HHM #1.

41.(b)(8) - No current CPR/First Aid for CG #1 and CG #2. Expired on 7/31/2022 and 5/4/22. No current First Aid for CG #3

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date