

# Foster Family Home - Deficiency Report

Provider ID: 2-511271

Home Name: Candida Foronda, CNA

Review ID: 2-511271-16

62 Pono Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 3/24/2022

## 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 4/24/22. PCG requests to decrease to a 2 client CCFFH.

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

41.(a)(1) Reside in the community care foster family home;

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.

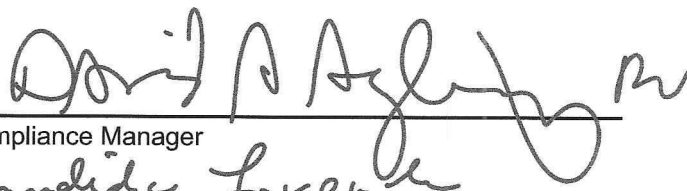
Comment:

41.(a)(1) - No proof of a mortgage or ownership of home.

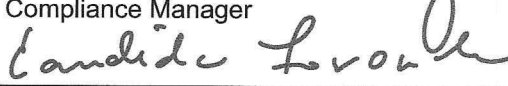
41.(b)(7) - TB clearance expired on 1/7/2022 for CG #1 and HHM #1. No current TB clearance for CG #2.

41.(b)(8) - Invalid CPR/First Aid class for CG #1 and CG #2. No current First Aid for CG #3 and CPR expired on 3/6/2022 for CG #3.

Blood Borne Pathogen expired on 11/6/2021 for CG #2 and CG #3

  
Compliance Manager

3/24/2022  
Date

  
Primary Care Giver

3-24-2022  
Date