

# Foster Family Home - Deficiency Report

Provider ID: 1-220060

Home Name: Ernesto Braga, NA

Review ID: 1-220060-1

94-442 Alapine Street

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 9/2/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 10/2/22.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

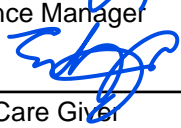
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - CG #2 and CG #3 need current TB clearance.

41.(b)(8) - No current First Aid for CG #3.

  
Compliance Manager

  
Primary Care Giver

  
Date

Date