

# Foster Family Home - Deficiency Report

Provider ID: 1-200002

Home Name: Lorelei Ferrer, CNA

Review ID: 1-200002-7

91-1011 Kumimi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/6/2022

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

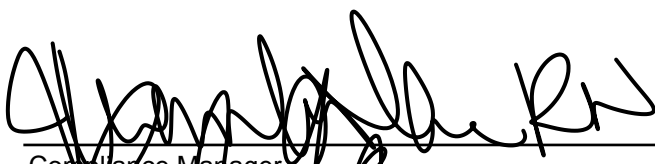
Increase to 3 bed CCFFH if CCFFH can prove SCG 3 bed approvals


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

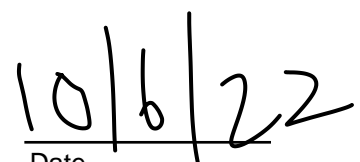
41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

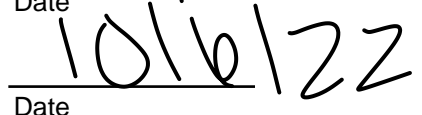
Comment:

41.(b)(5)(C)(ii) No proof of clearance that meets criteria for CG 3 and HHM 4 and 5

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date