

Foster Family Home - Deficiency Report

Provider ID: 1-190074

Home Name: Maricel L. Cristobal, CNA

Review ID: 1-190074-8

1736 Kino Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 10/4/2022

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

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

Comment:

6.d.1. Unannounced inspection made for a 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 11/4/2022. (30 days from the date the CCFFH is given their deficiency report).

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. And 8.a.2. CG #4 and #6 did not meet the 2 sets of APS, CAN, Fingerprints requirement within 12 months period.

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

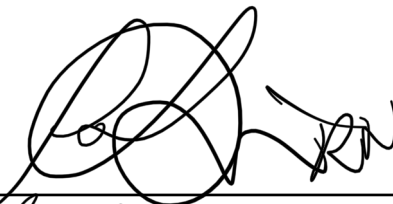
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

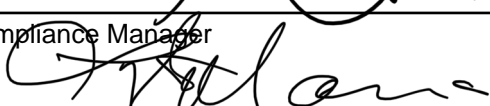
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

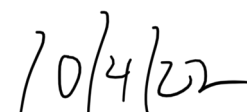
41.b.8. CG #2 lapsed on BBP training. Old cert expired on 1/3/2021, new cert was renewed on 1/15/2022. CG #3 have expired BBP training on 1/16/2022, no new present.

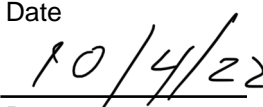
41.f.1. HHM #2 and #3, missing TB tests clearance.



Compliance Manager


Primary Care Giver



Date


Date