

# Foster Family Home - Deficiency Report

Provider ID: 1-190007

Home Name: Talaivosa Moala, CNA

Review ID: 1-190007-8

1929-A Wilder Avenue

Reviewer: Po Lim

Honolulu

HI 96822

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. Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 11/6/2022. (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 #1, #2, #3 did not meet the 2 set requirement of APS, CAN, Fingerprints within 12 months.

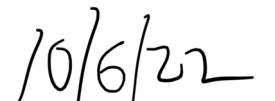
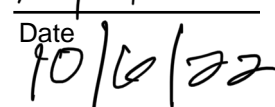
## Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.b.8. CG #1, #2, #3 have expired BBP on 4/13/2022.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date