

Foster Family Home - Deficiency Report

Provider ID: 1-090116

Home Name: Amelia Quitazol, NA

Review ID: 1-090116-1

94-1010 Hohola Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/19/2022

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 new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 10/19/22.

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)(2) - No current APS/CAN and fingerprints for HHM #1 and HHM #2.

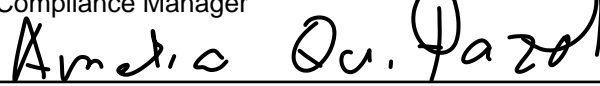
Foster Family Home Personnel and Staffing [11-800-41]

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

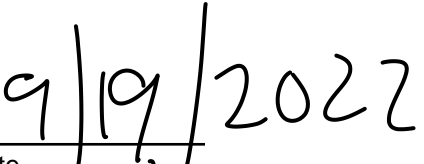
Comment:

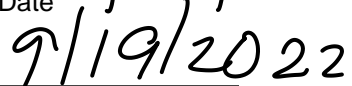
41.(f)(1) - No current TB clearances for HHM #1 and HHM #2.



Compliance Manager


Primary Care Giver



Date


Date