

Foster Family Home - Deficiency Report

Provider ID: 1-170087

Home Name: Marian Nakahashi, RN

Review ID: 1-170087-9

94-1144 Eleu Street

Reviewer: Deborah Baumgart

Waipahu

HI 96796

Begin Date: 10/31/2022

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 annual inspection conducted today. Deficiency Report issued during CCFFH inspection with a plan of correction due 11/30/2022

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and


Comment:

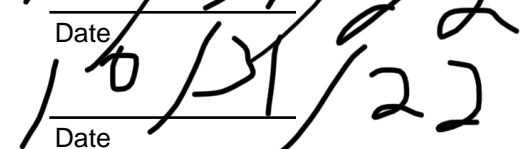
TB clearance for CG#1 and CG#6 Expired. No current result present.



Compliance Manager


Primary Care Giver



Date


Date