

Foster Family Home - Deficiency Report

Provider ID: 1-512724

Home Name: Editha de la Cruz, CNA

Review ID: 1-512724-13

94-270 Puamano Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/7/2022

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. Deficiency Report issue during CCFFH inspection with a written plan of correction due to CTA on 01/07/2023

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


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

Comment:

CG#1 TB clearance lapsed on 09/09/22 with no current results present. CG#2 TB clearance lapsed on 09/04/2022 with no current result present.



Compliance Manager



Primary Care Giver

12/7/22
Date

12/7/22
Date