

Foster Family Home - Deficiency Report

Provider ID: 1-230030

Home Name: Filipinas Conde, NA

Review ID: 1-230030-1

94-264 Hanawai Circle

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 5/3/2023

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 6/3/23.

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. No second year APS/CAN and fingerprints for CG #2.

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

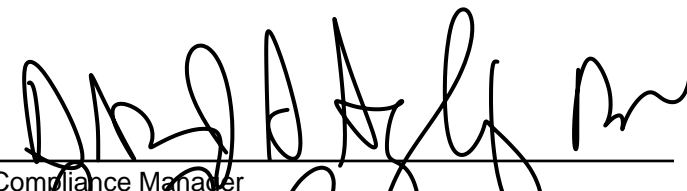
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

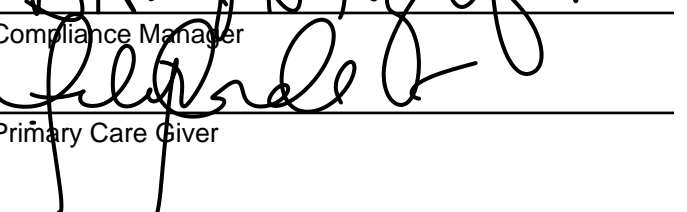
Comment:

41.(b)(7) - TB clearance expired on 4/9/2023 for CG #2.

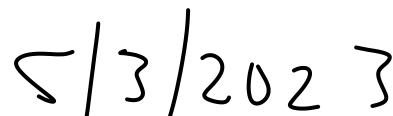
41.(b)(8) - Blood Borne Pathogen expired on 2/18/2023 for CG #2.




Compliance Manager



Primary Care Giver



Date



Date