

# Foster Family Home - Deficiency Report

Provider ID: 1-140041

Home Name: Maria Concepcion Ped, NA

Review ID: 1-140041-14

94-264 Puamano Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 4/19/2023

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.


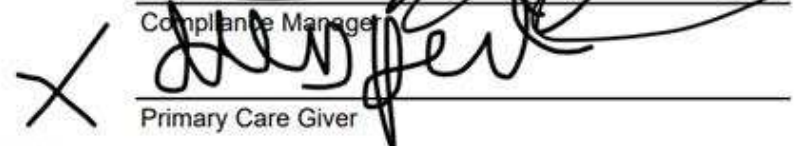
Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 4/19/2023).

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

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

Comment:

41.(b)(7)-CG#1 TB clearance lapsed on 10/15/2021, CG#2 TB clearance lapsed on 10/15/2021, CG#3 TB clearance lapsed on 5/18/2022, CG#4 TB clearance lapsed on 7/8/2022, CG#5 TB clearance lapsed on 2/2/2023, CG#6 TB clearance not present, all with no current results present.

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

4/19/23  
\_\_\_\_\_  
Date  
4/19/23  
\_\_\_\_\_  
Date