

Foster Family Home - Deficiency Report

Provider ID: 4-100031

Home Name: Mineriza Pascua, CNA

Review ID: 4-100031-18

1588 Piikea Street

Reviewer: Deborah Baumgart

Honolulu

HI

96818

Begin Date: 1/24/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection. Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CG#1 TB clearance lapsed on 11/17/22. CG#2 lapsed on 5/31/22, CG#3 lapsed 7/18/22, CG#4 lapsed 12/7/22 all were without current results.

Compliance Manager

Primary Care Giver

Date

Date