

Foster Family Home - Deficiency Report

Provider ID: 1-220076

Home Name: Gina Roldan Pagtama, CNA

Review ID: 1-220076-3

91-1009 Pa Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 6/16/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

Foster Family Home


Personnel and Staffing


[11-800-41]

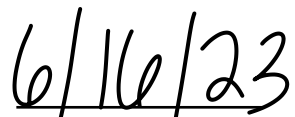
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

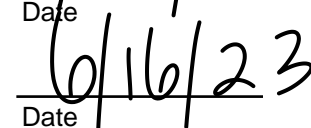
Comment:

41.(b)(7) CG 2 and 3 do not have complete documentation to meet department guidelines


Compliance Manager


Primary Care Giver


Date


Date