

Foster Family Home - Deficiency Report

Provider ID: 6-180059

Home Name: Arsenia Masiglat, NA

Review ID: 6-180059-11

425 Kikipua Street

Reviewer: Terri Van Houten

Kaunakakai HI 96748

Begin Date: 8/1/2023

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 9/1/2023.

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.

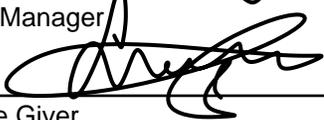
Comment:

41.(b)(7) - CCFFH did not have evidence that CG#2 had a current TB clearance on file. Results on file expired 7/2023.

41.(b)(8) - CCFFH did not have evidence that CG#2 had completed first aid training.



Compliance Manager



Primary Care Giver

8/1/23

Date

8/1/23

Date