

# Foster Family Home - Deficiency Report

Provider ID: 2-510786

Home Name: Jayvie Sumoba, CNA

Review ID: 2-510786-14

15-1535 18th Avenue

Reviewer: David Ayling

Kea'au

HI 96749

Begin Date: 7/11/2023

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/11/23.

## 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) - No current TB clearance for CG #3. Expired on 3/2/2023.

David A. Ayling RN

Compliance Manager

[Signature]

Primary Care Giver

7/11/2023

Date

7/11/2023

Date