

# Foster Family Home - Deficiency Report

Provider ID: 1-220061

Home Name: Joyce Vinluan, CNA

Review ID: 1-220061-3

1817 Kaumualii Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 7/31/2023

## 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/31/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) Second Fingerprint check is overdue for CG#1 and CG#2. They were due on/before 5/10/2022.

## 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 of current TB clearance for CG# 2. It expired on 10/22/2022 and no new in the file.

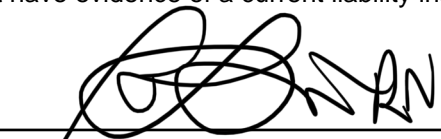
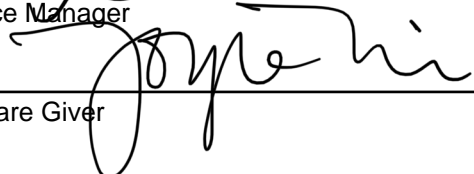
41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG #1 and CG#2. It was due on/before 06/15/2023.

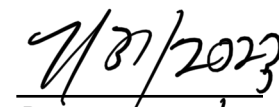
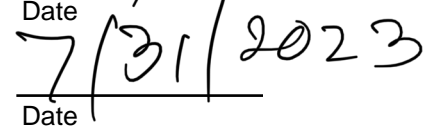
## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business.

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date