

Foster Family Home - Deficiency Report

Provider ID: 1-160079

Home Name: Llovelson Santos, CNA

Review ID: 1-160079-11

1714 Ema Place

Reviewer: Deborah Baumgart

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 annual inspection.

Deficiency Report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued 07/31/2023)

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#1 and CG#2 TB clearance lapsed on 03/23/2023 and was done on 5/15/2023.


Compliance Manager

Date

~~X~~
Primary Care Giver

Date