

Foster Family Home - Deficiency Report

Provider ID: 1-090110

Home Name: Ronnie Paguyo, CNA

Review ID: 1-090110-14

1348 Gulick Avenue

Reviewer: Deborah Baumgart

Honolulu

HI 96819

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- Unannounced visit made for a 3-bed recertification inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection (issued on 7/11/2023)

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 #2 TB clearance lapsed was due on 07/07/2023 with no current result present. CG #3 TB clearance lapsed was due on 07/02/2023 with no current result present.



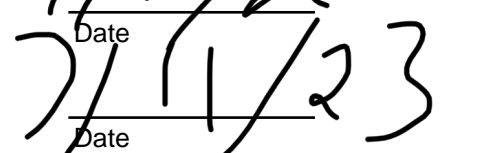
Compliance Manager



Primary Care Giver



Date



Date