

Foster Family Home - Deficiency Report

Provider ID: 1-509292

Home Name: Perly Calaycay Quiaoit, CNA

Review ID: 1-509292-13

4488 Luapele Place

Reviewer: Deborah Baumgart

Honolulu

HI

96818

Begin Date: 7/27/2023

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 annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.
(Issued on 7/27/2023)

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 TB clearance lapsed on 07/02/2023 with no current results present.

Compliance Manager

Primary Care Giver

Date

Date