

Foster Family Home - Deficiency Report

Provider ID: 2-509888

Home Name: Grace Andres, CNA

Review ID: 2-509888-14

1682 Nohoana Place

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 8/24/2022

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. Currently has no clients. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/24/23.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No current APS/CAN and eCrim for HHM #1. Expired on 10/13/2022.

Foster Family Home Personnel and Staffing [11-800-41]

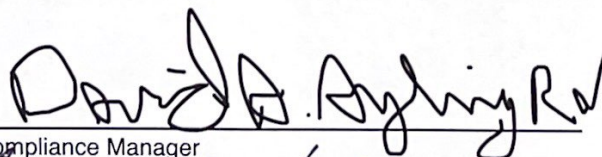
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

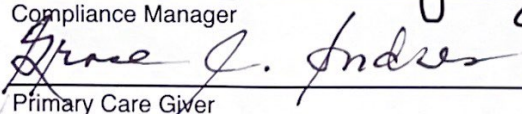
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

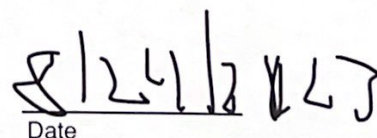
Comment:

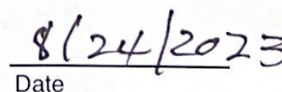
41.(b)(7) - TB clearance expired on 10/5/2022 for CG #1 and HHM #1.

41.(b)(8) - No current CPR/First Aid and Blood Borne Pathogen certification for CG #1.


Compliance Manager


Primary Care Giver


Date


Date