

Foster Family Home - Deficiency Report

Provider ID: 1-567141

Home Name: Angelina Lopez, RN

Review ID: 1-567141-14

95-253 Hakupokano Loop

Reviewer: Deborah Baumgart

Mililani

HI 96789

Begin Date: 10/17/2023

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 issue during CCFFH inspection with a plan of correction due to CTA within 30 days of inspection. (Issued 10/17/2023)

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 expired on 8/30/2023, CG#2 TB clearance expired 9/14/2023, CG#3 TB clearance expired 10/14/2023 all with no current results present.



Compliance Manager


Primary Care Giver

10/17/23

Date
10/17/23

Date
10/17/2023 12:40:42 PM