

Foster Family Home - Deficiency Report

Provider ID: 1-511817

Home Name: Lilia Rafael, CNA

Review ID: 1-511817-16

1744 Kealia Drive

Reviewer: Maribel Nakamine

Honolulu

HI 96817

Begin Date: 10/11/2023

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 Plan of Correction due to CTA within 30 days of inspection (issued on 10/11/23).

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

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's TB clearance lapsed on 1/5/23 and no current clearance result was present.


Compliance Manager


Primary Care Giver

10/11/23
Date

10/11/23
Date