

# Foster Family Home - Deficiency Report

Provider ID: 1-180071

Home Name: Lily Ann Austria, CNA

Review ID: 1-180071-11

91-1068 Koka Street

Reviewer: Ryan Nakamua

Ewa Beach

HI 96706

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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/11/2023.

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

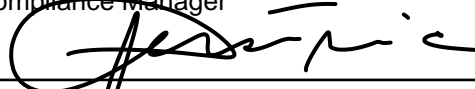
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): No evidence by CCFFH of valid TB clearance for CG#1 and HHM#2. Current TB clearance dated on 2/07/2023 for CG#1 and 3/07/2023 for HHM#2 signed by RN and not signed by MD/APRN/PA.



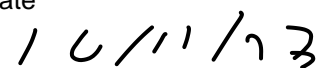
Compliance Manager



Primary Care Giver



Date



Date