

# Foster Family Home - Deficiency Report

Provider ID: 1-190017

Home Name: Gloria Zafaralla, CNA

Review ID: 1-190017-8

1496 Lehia Street

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 1/9/2024

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 1/9/2024).

## 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;

Comment:

8.(a)(1): No evidence by CCFFH of 2 sets of consecutive years of fingerprints for CG#5. Documentation provided by CCFFH show only one set of fingerprints obtained dating 03/23/2022.

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

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


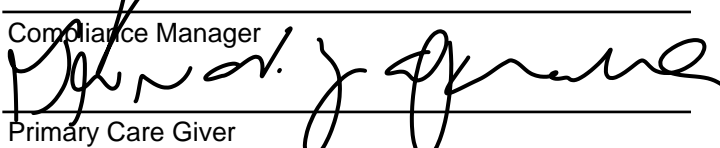
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.


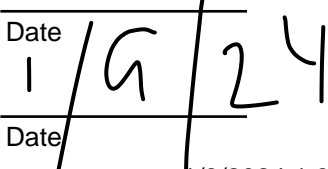
Comment:

41.(b)(7): No evidence by CCFFH of TB clearance for CG#3. No documentation provided by CCFFH.

41.(b)(7): Evidence by CCFFH of lapse of TB clearance for CG#5. Documentation provided by CCFFH show lapse from 3/29/2023 to 10/05/2023.

41.(b)(8): No evidence of current training certificate completed for bloodborne pathogen and infection control for CG#5. Last completed training certificate provided by CCFFH expired 06/20/2023.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date