

Foster Family Home - Deficiency Report

Provider ID: 1-240002

Home Name: Ashlyn Cristobal, NA

Review ID: 1-240002-1

92-612 Malahuna Loop

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 1/26/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 2/26/24.

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

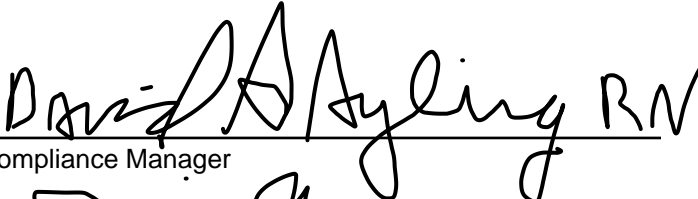
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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 current TB clearance for CG #2, HHM #1 and HHM #2.

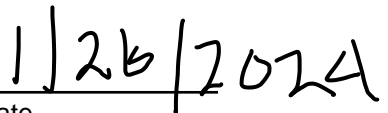
41.(b)(8) - No current Blood Borne Pathogen certification for CG #1 and CG #2.



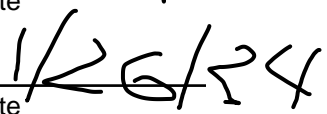
Compliance Manager



Primary Care Giver



Date



Date