

Foster Family Home - Deficiency Report

Provider ID: 1-581779

Home Name: Karen Asuncion, CNA

Review ID: 1-581779-14

1815 Akina Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 1/29/2024

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

Deficiency report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection. (Issued 1/29/2024)

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)-CG#2 TB clearance lapsed on 7/15/2023 with no current results present.



Compliance Manager



Primary Care Giver

1/29/24
Date
1/29/24
Date