

# Foster Family Home - Deficiency Report

Provider ID: 1-613035

Home Name: Thelma Giron, CNA

Review ID: 1-613035-14

94-1039 Lumikula Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/4/2023

## 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 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection (issued on 12/04/2023)

## 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)-CG#2 TB clearance lapsed on 4/20/2023 with no current results present. CG#3 TB clearance lapsed on 8/2/2023 with no current results present.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

12/4/23  
\_\_\_\_\_  
Date  
12/4/23  
\_\_\_\_\_  
Date