

# Foster Family Home - Deficiency Report

Provider ID: 1-560301

Home Name: Remedios Manuel, CNA

Review ID: 1-560301-15

94-450 Hamau Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 4/1/2024

## 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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 4/01/2024).

## 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 fingerprint check completed for HHM#3, HHM#4, and HHM#5. Documents provided by CCFFH show 1 set for each HHM and was due for 2nd fingerprint on 6/15/2023.

## 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): Evidence based on documents provided by CCFFH of lapse of TB clearance for CG#4. Documents showed that CG#4's TB clearance due 4/22/2023 and was completed 11/17/2023.

  
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Compliance Manager  
  
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Primary Care Giver

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