

# Foster Family Home - Deficiency Report

Provider ID: 1-626054

Home Name: Susan Jung, CNA

Review ID: 1-626054-14

98-1558 Hoomahilu Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 3/22/2024

## 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 visit made for a 3-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued (3/22/2024))

## 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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:


8.(a)(1)(2)-CG#1 ,CG#2,CG#3 and CG#4 APS/CAN lapsed on 3/16/24and no current results were present. CG#1,CG#2, CG#3 and CG# 4 Ecrim lapsed on 3/17/24 and no current results were present.

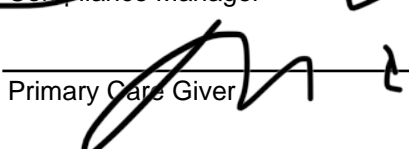
## Foster Family Home Personnel and Staffing [11-800-41]

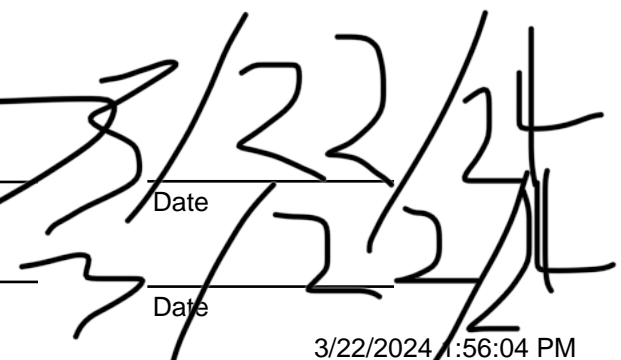
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

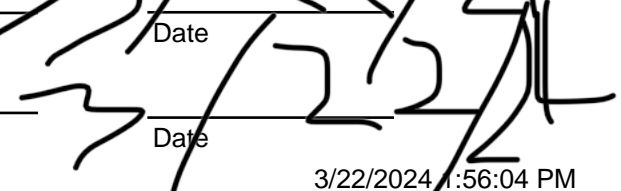
Comment:

41.(b)(7)-CG#2TB clearance lapsed on 3/9/24 and no current result was present. CG#4 TB clearance lapsed on 2/17/24 and no current results were present.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date