

Foster Family Home - Deficiency Report

Provider ID: 2-585599

Home Name: Susana Caban, CNA

Review ID: 2-585599-18

204 A East Kinai Place

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 2/7/2024

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 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 3/7/24.

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

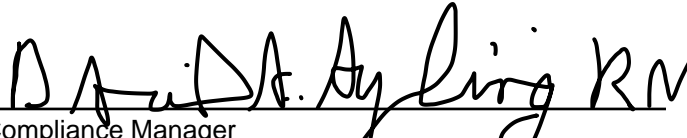
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

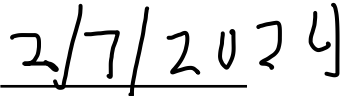
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

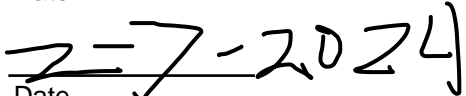
41.(b)(7) - No current TB clearance for GG #1, CG #2, and CG #3. Expired on 6/23/2023.

41.(b)(8) - No current Blood Borne Pathogen certification for CG #1 and CG #2. Expired on 1/23/2024.


Compliance Manager


Date


Primary Care Giver


Date