

Foster Family Home - Deficiency Report

Provider ID: 1-190067

Home Name: Susana Haber, CNA

Review ID: 1-190067-10

86-190 Moelua Street

Reviewer: Ryan Nakamua

Waianae HI 96792

Begin Date: 4/18/2024

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 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 4/18/2024).

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4): No documentation provided by CCFFH of completed disclosure form for CG#1. 1st page of disclosure form missing.

41.(b)97): Evidence of lapse of TB clearance for CG#1. Due on 12/04/2023 and completed 1/03/2024.



Compliance Manager


Primary Care Giver



Date


Date