

Foster Family Home - Deficiency Report

Provider ID: 4-110055

Home Name: Jasmine Rivera, NA

Review ID: 4-110055-17

489 Kopaa Place

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 6/12/2024

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 by 7/12/24.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.


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

Comment:

41.(b)(7) - CCFFH did not have evidence of a current TB clearance for CG#3. TB clearance on file expired 12/15/23.



Compliance Manager



Primary Care Giver

6/12/24

Date

6/12/24

Date