

Foster Family Home - Deficiency Report

Provider ID: 1-190080

Home Name: Josie Taylan, CNA

Review ID: 1-190080-12

94-538 A Koaleo Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 5/3/2024

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 5/3/2024).

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): Evidence of lapse of 2 sets of fingerprints for criminal background check for HHM #2. 2nd set of fingerprint was due by 9/13/2022 and was completed 1/6/2024.

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

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

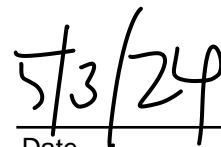
Comment:

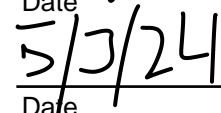
41.(b)(7): Unable to verify current TB clearance for CG#3. Document provided by CCFFH shows only when next tb test is due and not if CG has no signs of TB and signed by physician/APRN/PA.



Compliance Manager


Primary Care Giver



Date


Date