

Foster Family Home - Deficiency Report

Provider ID: 1-190051

Home Name: Lerisa Morales Calip, CNA

Review ID: 1-190051-10

1618 Nakula Street

Reviewer: Deborah Baumgart

Wahiawa

HI

96786

Begin Date: 4/25/2024

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 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.
(Issued 4/25/2024)

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)-CG#2 TB clearance lapsed 3/24/24 and was not done until 4/12/24. CG#3 TB clearance lapsed 2/13/24 and was not done until 2/23/24.



Compliance Manager


Primary Care Giver



Date


Date