

Foster Family Home - Deficiency Report

Provider ID: 2-595845

Home Name: Anita Ventura, CNA

Review ID: 2-595845-16

15-1522 28th Avenue

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 8/5/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/5/24. Currently has no clients.

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) - TB clearance expired on 5/26/2024 for CG #2.


Compliance Manager

8/5/2024
Date


Primary Care Giver

8-5-2024
Date