

# Foster Family Home - Deficiency Report

Provider ID: 1-110078

Home Name: Jane Fernandez, CNA

Review ID: 1-110078-21

94-1205 Lumikula Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/12/2024

## 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 visit made for a 3-bed annual inspection.


Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.  
(Issued 7/12/2024)

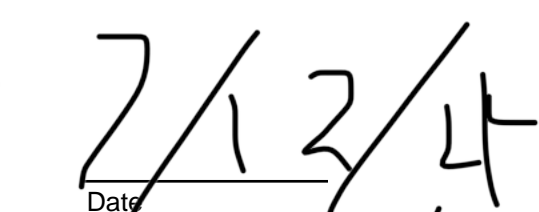
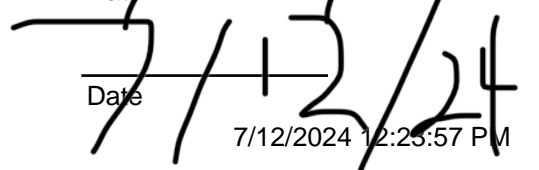
## Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.(b)(7)-CG#1 TB clearance lapsed on 10/16/2023 and was done on 3/25/2024.

  
\_\_\_\_\_  
Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date