

Foster Family Home - Deficiency Report

Provider ID: 2-559726

Home Name: Ludivina Eder, CNA

Review ID: 2-559726-16

147 W. Kinai Place

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 8/7/2024

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

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

Comment:

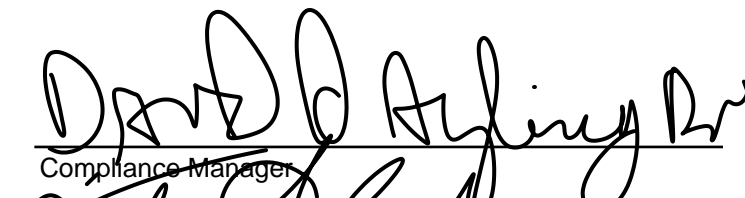
6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/7/24.

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


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

Comment:

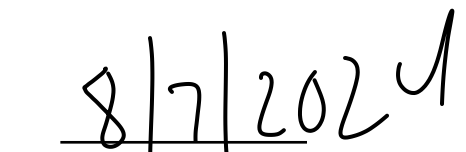
41.(b)(7) - TB clearance expired on 9/12/2023 for CG #3.



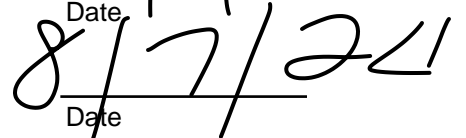
Compliance Manager



Primary Care Giver



Date



Date