

Foster Family Home - Deficiency Report

Provider ID: 1-190001

Home Name: Veneleen Cayetano, NA

Review ID: 1-190001-12

1444 Ala Mahamoe Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 8/21/2024

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

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

Comment:

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 8/21/2024)

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 11/21/2023 and was done on 1/25/2024. CG#2 TB clearance lapsed 11/21/2023 with no current results present.



Compliance Manager

Primary Care Giver

8/21/24

Date

8/21/24

Date