

Foster Family Home - Deficiency Report

Provider ID: 2-240071

Home Name: Jun German Jr., CNA

Review ID: 2-240071-1

15-1440 18th Avenue

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 10/4/2024

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/4/24. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:


8.(a)(1) - No 1st year fingerprints for CG #2.

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

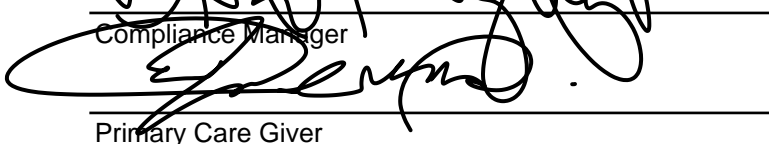
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current First Aid for CG #1 and CG #3.



Compliance Manager



Primary Care Giver

10/4/2024

Date

10/4/2024

Date