

Foster Family Home - Deficiency Report

Provider ID: 3-180060

Home Name: Eileen P. Pomroy, CNA

Review ID: 3-180060-14

18-1639 Ihope Road

Reviewer: David Ayling

Mt. View

HI 96771

Begin Date: 11/5/2024

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 12/5/24.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

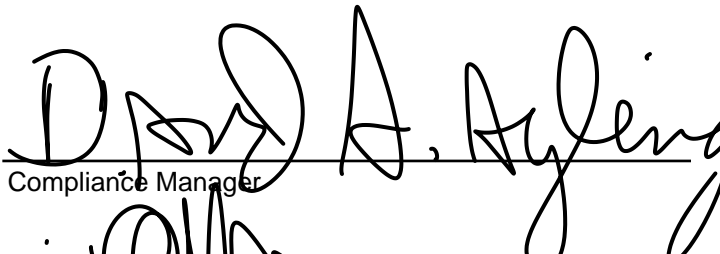
8.(a)(1)(2) - APS/CAN expired on 1/12/2024 for CG #1, HHM #1 and HHM #2.


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

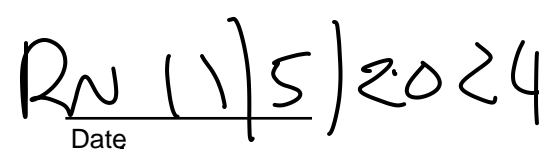
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

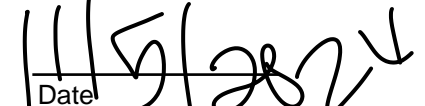
Comment:

41.(f)(1) - Tb clearance expired on 10/28/2024 for HHM #1.


Compliance Manager


Primary Care Giver


Date 11/5/2024


Date 11/5/2024