

# Foster Family Home - Deficiency Report

Provider ID: 2-240077

Home Name: Jennifer Palilio, CNA

Review ID: 2-240077-1

2238 Kilauea Avenue

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 11/6/2024

## 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 12/6/24.

## 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) - No 1st year APS/CAN/Fingerprints/eCrim for CG #2.

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



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

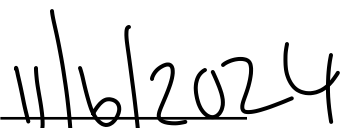
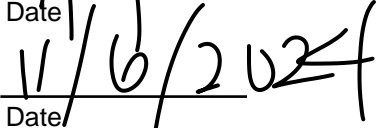
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #2 and HHM #1.

41.(b)(8) - No current Blood Borne Pathogen for CG #1 and CG #2.

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

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