

Foster Family Home - Deficiency Report

Provider ID: 1-240016

Home Name: Juliet Uson, NA

1051 A Kopke Street

Honolulu

HI 96819

Review ID: 1-240016-2

Reviewer: David Ayling

Begin Date: 4/29/2024

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 5/29/24.

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) - CG #3 and HHM #3 need current 1st year APS/CAN and fingerprints.

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

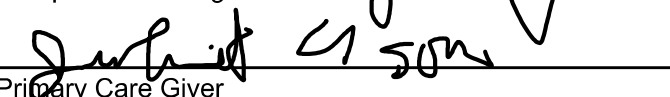
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

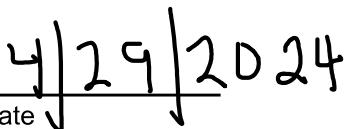
Comment:

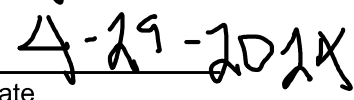
41.(b)(7) - No current TB Clearances for CG #3, HHM #2 and HHM #3.

41.(b)(8) - CG #2 needs current CPR/First Aid from an approved provider. CG #2 and CG #3 need a current Blood Borne Pathogen certificate.


Compliance Manager


Primary Care Giver


Date


Date