

Foster Family Home - Deficiency Report

Provider ID: 1-240091

Home Name: Maria Shiela Tangonan, CNA

Review ID: 1-240091-1

91-1031 Kalapu Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 11/26/2024

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 12/26/24.

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 and fingerprints for HHM #2 and #3.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

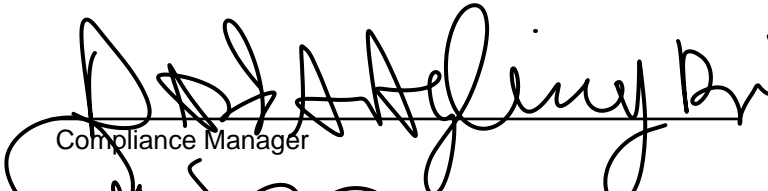
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:


41.(b)(5) - CG #1 needs to increase bodily injury on auto insurance policy to 100,000 for each accident.

41.(f)(1) - HHM #2 and HHM #3 need current TB clearance

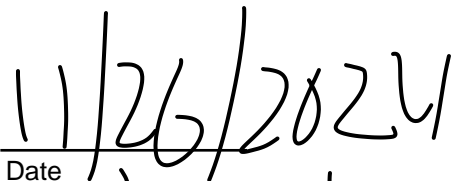
41.(b)(8) - CG #2 needs to show proof of current CPR/First Aid.



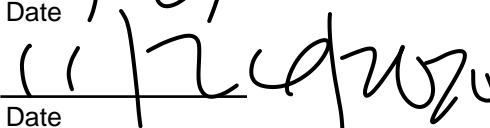
Compliance Manager



Primary Care Giver



Date 11/26/2024



Date 11/24/2024