

Foster Family Home - Deficiency Report

Provider ID: 2-597859

Home Name: Therese Vigilla, LPN

Review ID: 2-597859-20

3454 Likini Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 11/18/2024

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

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

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

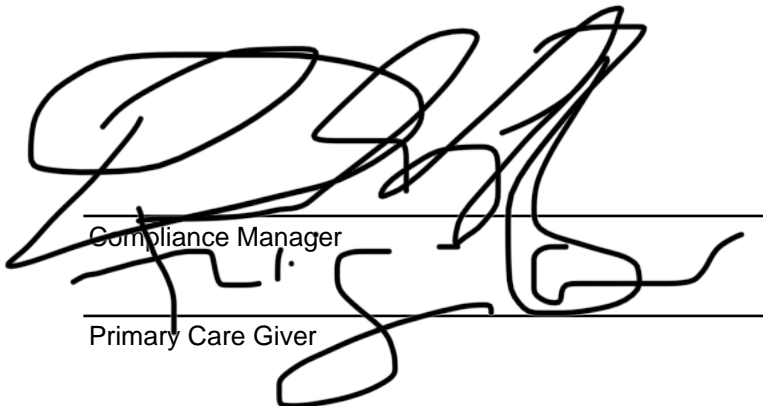
Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.
(Issued 11/18/24)

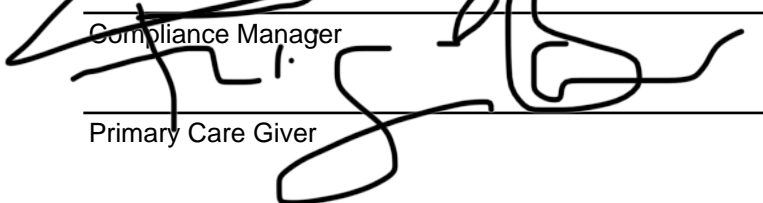
Foster Family Home Personnel and Staffing [11-800-41]

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

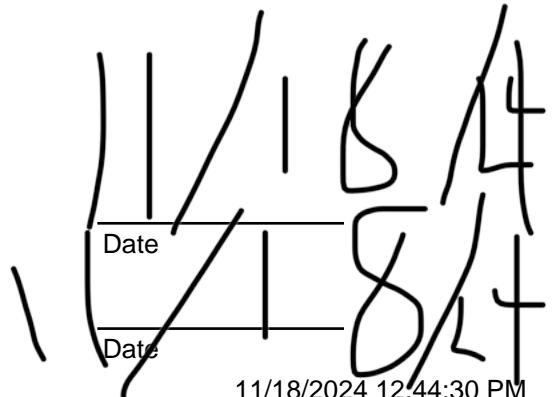
Comment:

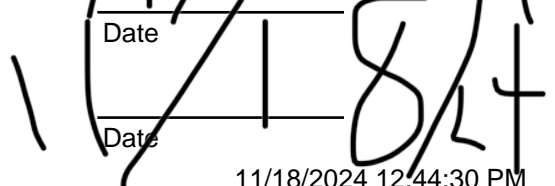
41.(b)(7)-CG#1 TB clearance lapsed 5/12/2024 with no current results present.



Compliance Manager


Primary Care Giver



Date


Date