

Foster Family Home - Deficiency Report

Provider ID: 1-250053

Home Name: Jahly Quintua, NA

Review ID: 1-250053-1

94-597 Kupuna Loop

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 7/31/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 8/31/25.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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)(4) - No Substitute Disclosure form present for CG #3 and CG #4.

41.(b)(7) - No TB clearance present for CG #3 and CG #4.

41.(b)(8) - No Blood Borne Pathogen certificate present for CG #3 and CG #4.


Compliance Manager

Primary Care Giver

7/31/2025
Date
7/31/2025
Date