

# Foster Family Home - Deficiency Report

Provider ID: 1-509284

Home Name: Edgar Dulig, CNA

Review ID: 1-509284-18

94-991 Kualua Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 9/3/2025

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) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 9/3/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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) CG#2 TB clearance was not utilized/reported on the state standard form.


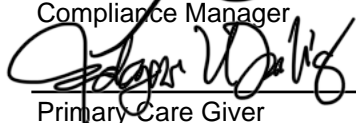
41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#2. It was due on/before 7/3/2025.

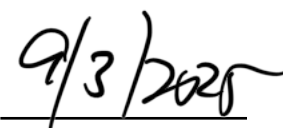
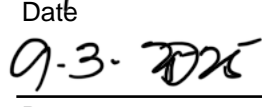
Foster Family Home	Records	[11-800-54]
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54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current signature of POA for service plan present for Client #2.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date