

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]

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]

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

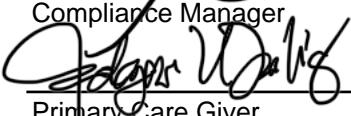
[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

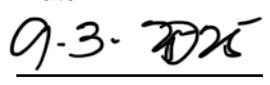
Comment:

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



Compliance Manager

Primary Care Giver



Date


Date