

# 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


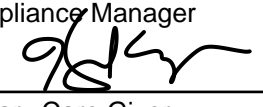
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

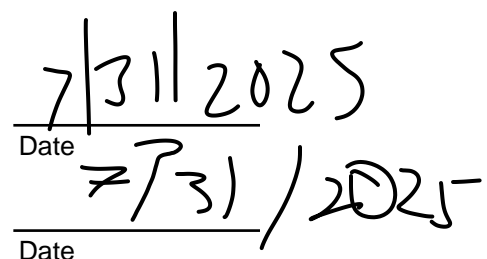
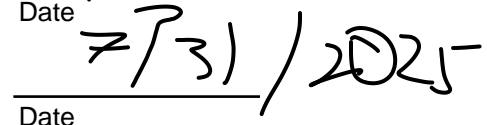
Comment:

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

  
Date  
  
Date

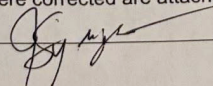
CTA RN Compliance Manager: David Aying, RN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Jahly Quintva  
(PLEASE PRINT)

CCFFH Address: 94-597 Kupuna Loop  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b)(4) 41.(b)(7) 41.(b)(8)	I received SCG #3 and #4's disclosure forms, TB clearances and Bloodborne Pathogen certificates that are up to date. I then attached all paperworks into my CCFFH binder book.	08/29/25	I made a list of all expiration dates for TB clearances and Bloodborne Pathogen certificates for my substitute caregivers. I have all disclosure forms from all my substitute caregivers from this point forward. Additionally, I attached my list of expiration dates in my CCFFH binder.

☒ All items that were corrected are attached to this POC  
PCG's Signature: 

Date: 08/29/25

☒ CTA has reviewed all corrected items