

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]

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]

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

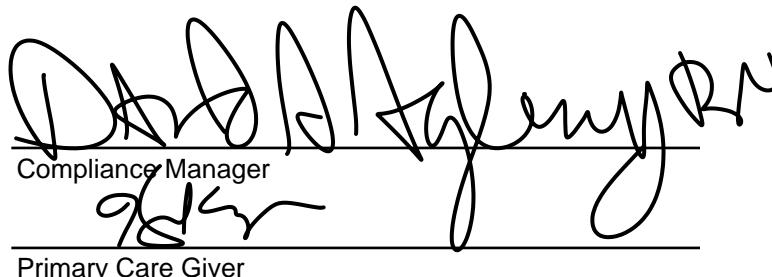
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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

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 Quintua
(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)	I received SCG #3	08/29/25	I made a list of all expiration dates for TB clearances and Bloodborne Pathogen certificates for my substitute caregivers.
41.(b)(7)	and #4's disclosure forms, TB clearances		I have all disclosure forms from all my substitute caregivers from this point forward.
41.(b)(8)	and Bloodborne Pathogen certificates that are up to date. I then attached all paperworks into my CCFFH binder book.		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: Jahly Quintua

Date: 08/29/25

CTA has reviewed all corrected items