

# Foster Family Home - Deficiency Report

Provider ID: 1-509614

Home Name: Theresa Elgar, CNA

Review ID: 1-509614-17

1046 AheAhe Avenue

Reviewer: Deborah Baumgart

Wahiawa

HI 96786

Begin Date: 8/7/2025

**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 annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 08/07/2025)

**Foster Family Home**

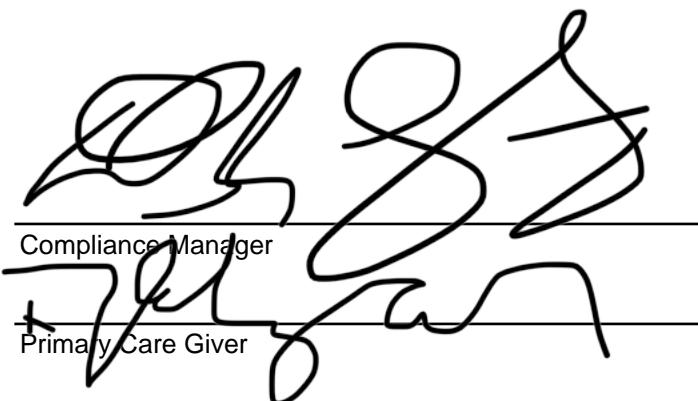
**Personnel and Staffing**

**[11-800-41]**

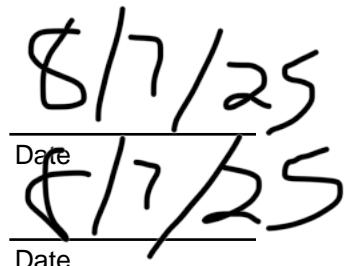
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)-CG#1 and CG#2 TB clearance lapsed 6/11/2025 with no current results present. CG#3 TB clearance lapsed 1/15/2025 with no current results present.



Handwritten signatures of the Compliance Manager and Primary Care Giver. The Compliance Manager's signature is a stylized 'J' and 'L' shape. The Primary Care Giver's signature is a more fluid, cursive 'J' and 'L' shape. Below the signatures, there are two horizontal lines with labels: 'Compliance Manager' under the first signature and 'Primary Care Giver' under the second.



Handwritten date '8/7/25' written twice. The top line is '8/7/25' and the bottom line is 'Date 8/7/25'. Both lines are preceded by a small handwritten 'J' and 'L' shape.