

# 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)

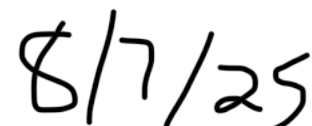
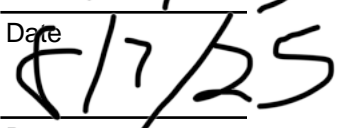
Foster Family Home	Personnel and Staffing	[11-800-41]
--------------------	------------------------	-------------

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.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date