

Foster Family Home - Deficiency Report

Provider ID: 1-000006

Home Name: Erick Crisostomo, CNA

Review ID: 1-000006-18

94-1129 Hina Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 8/5/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/5/24.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - No current APS/CAN for CG #2. Expired on 7/11/2025.

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) - No current TB clearance for CG #2, CG #3, and CG #4. Expired on 7/1/25 for CG #2 and 6/28/24 for CG #3 and CG #4.

41.(b)(8) - No current CPR/First Aid for CG #3 and CG #4. Expired on 4/20/2025. No current Blood Borne Pathogen for CG #1, CG #2, Cg #3, and CG #4.


Compliance Manager

Primary Care Giver

8/5/2025
Date
8/5/25
Date
8/5/2025 1:42:23 PM