

Foster Family Home - Deficiency Report

Provider ID: 1-511122

Home Name: Catalina Tano, LPN

94-1312 Huakai Street

Waipahu

HI 96797

Review ID: 1-511122-10

Reviewer: David Ayling

Begin Date: 8/12/2021

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 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 9/12/21.

Foster Family Home

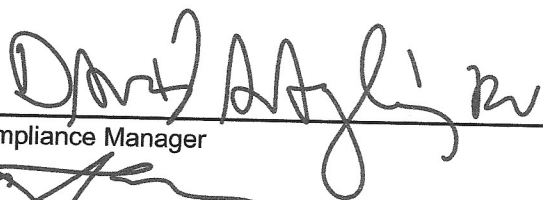
Personnel and Staffing

[11-800-41]

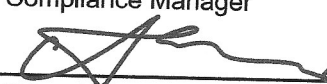
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current First Aid certification present for CG #2 and CG #3.



Compliance Manager



Primary Care Giver

8/12/2021

Date

5/12/2021

Date

8/12/2021 11:24:06 AM