

Foster Family Home - Deficiency Report

Provider ID: 1-561804

Home Name: Marie Angelie Valencia, RN

Review ID: 1-561804-9

94-1128 Halelehua Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/9/2021

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

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

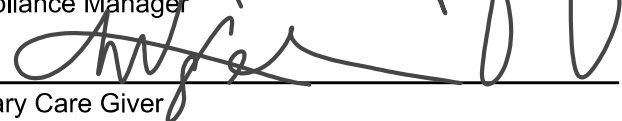
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CPR and First Aid certification expired on 4/1/2021 for CG #4. Renewed on 4/26/2021.



Compliance Manager



Primary Care Giver

Date 11/9/21

Date 11/9/21