

Foster Family Home - Deficiency Report

Provider ID: 1-210081

Home Name: Perla G. Fortez, CNA

Review ID: 1-210081-1

1735 Kamohoalii Street

Reviewer: David Ayling

Honolulu

HI

96819

Begin Date: 11/24/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

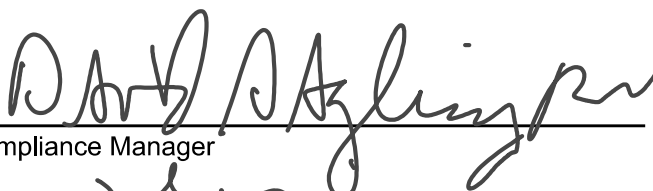
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 12/24/21.

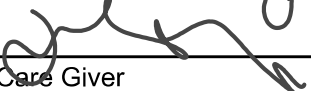
Foster Family Home	Personnel and Staffing	[11-800-41]
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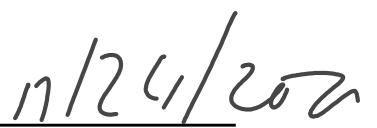
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

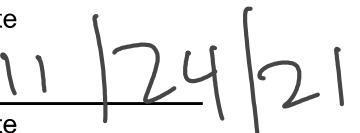
Comment:

41.(b)(8) - No current CPR/First Aid certification for CG #2.


Compliance Manager


Primary Care Giver


Date


Date