

# Foster Family Home - Deficiency Report

Provider ID: 2-130012

Home Name: Jeffry Arellano, CNA

Review ID: 2-130012-15

67 Hokulani Street

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 2/22/2022

## 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 home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 3/24/22.

## 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) - CG#2 did not have evidence of a current CPR/First Aid certificate.

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

2/22/22  
Date  
2/22/22  
Date