

Foster Family Home - Deficiency Report

Provider ID: 2-636102

Home Name: Leonora Agbigay, CNA

Review ID: 2-636102-7

293 Kuhilani Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 5/23/2022

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

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

Comment:


6.(d)(1) - Home inspection for a 2 person CCFFH recertification. ■ G requests to increase to a 3 client CCFFH. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 6/23/22.

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

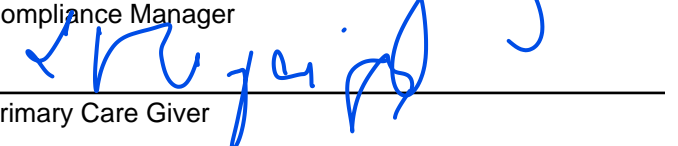
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:


41.(b)(8) - No current Blood Borne Pathogen certification for CG ■ and CG ■. Expired on ■



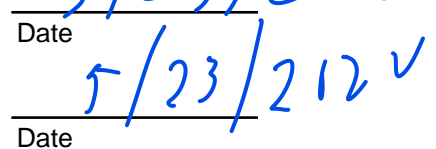
Compliance Manager



Primary Care Giver



Date



Date