

# Foster Family Home - Deficiency Report

Provider ID: 1-170056

Home Name: Mateo Lorenzo Lopez, NA

Review ID: 1-170056-10

91-1727 Kikoo Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 6/13/2022

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

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

Comment:


Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 7/13/2022. (30 days from the date the CCFFH is given their deficiency report).


## 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. C [redacted] and [redacted] have expired [redacted] on [redacted]. No new certificate present.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver -

6/13/22  
\_\_\_\_\_  
Date

6/18/22  
\_\_\_\_\_  
Date