

Foster Family Home - Deficiency Report

Provider ID: 1-200070

Home Name: Odessa V. Bali, CNA

Review ID: 1-200070-5

94-460 Awamoi Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 9/20/2022

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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 10/20/2022. (30 days from the date the CCFFH is given their deficiency report).

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

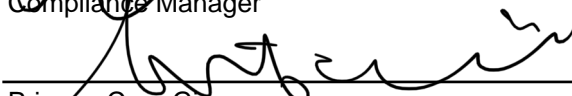
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.8. CG#3 have expired CPR, AED, and First Aid on 4/30/2022. No new present.



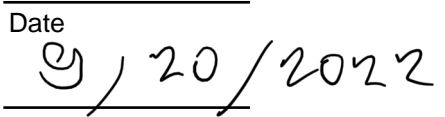
Compliance Manager



Primary Care Giver



Date



Date