

Foster Family Home - Deficiency Report

Provider ID: 2-210016

Home Name: Rosejean Villahermoza, CNA

Review ID: 2-210016-5

29 W. Naauao Place

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 4/3/2023

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. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 5/3/23.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:


41.(b)(7) - No current TB clearance for CG #2. Expired 2022.

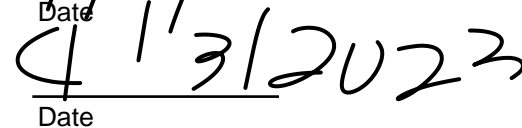
41.(b)(8) - No current CPR/First for CG #1. Expired on 3/31/2023.
No current Blood Borne Pathogen certification for CG #1 and CG #2.



Compliance Manager


Primary Care Giver



Date


Date