

# Foster Family Home - Deficiency Report

Provider ID: 2-200032

Home Name: Carmela Santiago, CNA

Review ID: 2-200032-8

16-1331 Pohaku Circle

Reviewer: David Ayling

Kea'au

HI

96749

Begin Date: 7/12/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

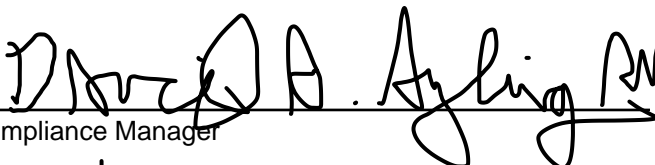
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/12/23.

Foster Family Home	Personnel and Staffing	[11-800-41]
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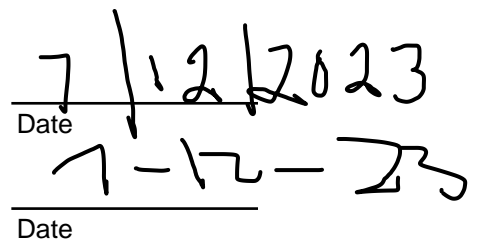
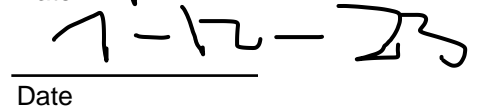
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current CPR/First Aid for CG #1. Expired on 5/6/2023.

  
Compliance Manager

  
Primary Care Giver

  
Date  
  
Date