

# Foster Family Home - Deficiency Report

Provider ID: 1-230051

Home Name: Marie Cristina Soliven, CNA

Review ID: 1-230051-1

94-242 Pupukoa Street

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 7/5/2023

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 new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/5/23.

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 and Blood Borne Pathogen for CG #2.

David A. Ayling RN

Compliance Manager

[Signature]

Primary Care Giver

7/5/2023

Date

7/5/23

Date

7/5/2023 11:42:00 AM