

Foster Family Home - Deficiency Report

Provider ID: 2-631285

Home Name: Berlinda Villa, CNA

Review ID: 2-631285-14

16-518 Ohe Street

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 9/14/2023

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

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

Comment:

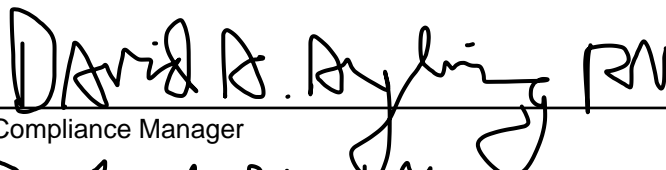
6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 10/14/23.

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

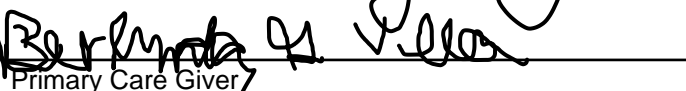
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

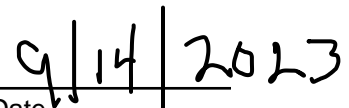
41.(b)(8) - CPR expired on 6/15/2023 for CG #5.



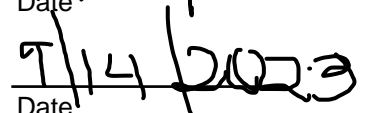
Compliance Manager



Primary Care Giver



Date



Date