

# Foster Family Home - Deficiency Report

Provider ID: 1-160024

Home Name: Mark Jara, CNA

Review ID: 1-160024-15

94-1087 Kuhaulua Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/11/2023

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

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

Comment:


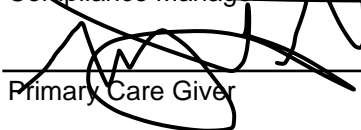
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/11/23.

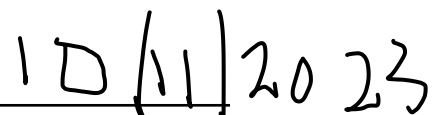
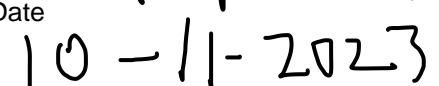
## Foster Family Home Personnel and Staffing [11-800-41]

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/First Aid expired on 4/1/2023 for CG #1.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date