

Foster Family Home - Deficiency Report

Provider ID: 1-230061

Home Name: Premie Cezar Padilla, NA

Review ID: 1-230061-1

86-142 Leihoku Street

Reviewer: David Ayling

Waianae

HI

96792

Begin Date: 8/31/2023

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:

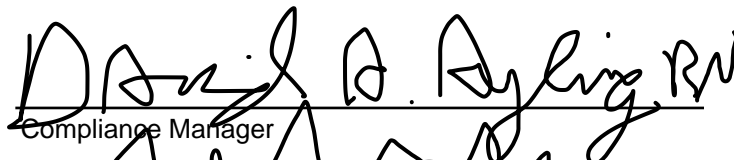

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/30/23.

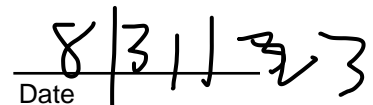
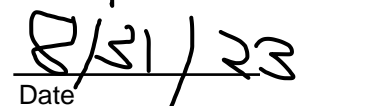
Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current Blood Borne Pathogen certification for CG #1, CG #2, and CG #3.


Compliance Manager

Primary Care Giver


Date

Date