

Foster Family Home - Deficiency Report

Provider ID: 2-512112

Home Name: Luzonica Dela Rosa, CNA

Review ID: 2-512112-19

45-3244 Ohia Street

Reviewer: David Ayling

Honoka'a

HI 96727

Begin Date: 5/20/2024

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 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 6/20/24.

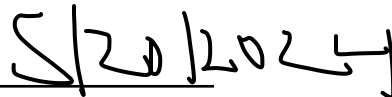
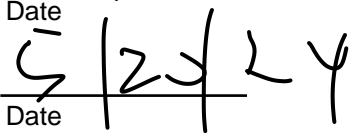
Foster Family Home Personnel and Staffing [11-800-41]

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) - No current Blood Borne Pathogen for CG #2. Expired on 2/20/2023.


Compliance Manager

Primary Care Giver


Date

Date