

Foster Family Home - Deficiency Report

Provider ID: 3-565103

Home Name: Nilda Whiting, CNA

Review ID: 3-565103-16

73-1094 Kaiminani Drive

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 7/23/2024

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

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

Comment:

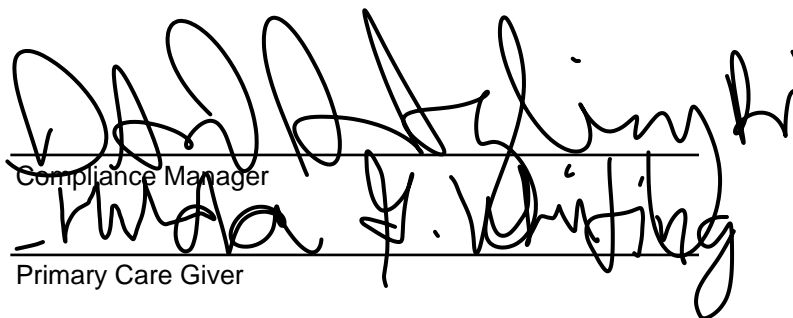
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/23/24.

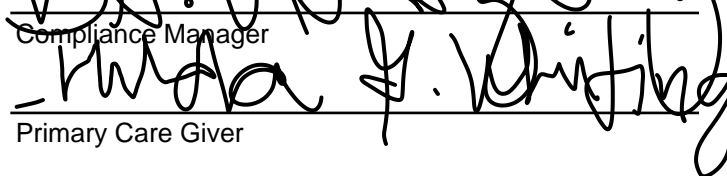
Foster Family Home Personnel and Staffing [11-800-41]

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) - CPR/First Aid and Blood Borne Pathogen expired 4/2024 for CG #2.


Compliance Manager
Date 7/23/2024


Primary Care Giver
Date 7/23/2024