

Foster Family Home - Deficiency Report

Provider ID: 1-240075

Home Name: Gina Cawaling, NA

Review ID: 1-240075-1

1551 Hooli Circle

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 10/8/2024

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 new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/8/24.

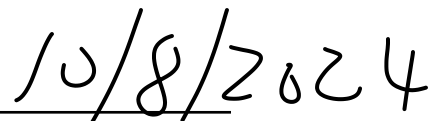
Foster Family Home Personnel and Staffing [11-800-41]

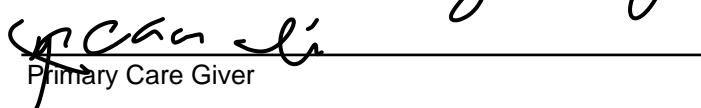
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CG #1 needs CPR/First Aid from an approved organization.


Compliance Manager


Date


Primary Care Giver


Date