

# Foster Family Home - Deficiency Report

Provider ID: 2-240067

Home Name: Le Merjucha Cogo, CNA

Review ID: 2-240067-1

1399 Komohana Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 9/12/2024

## 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 10/12/24.

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


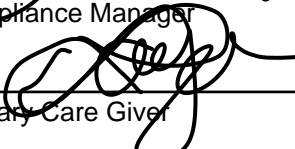
41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

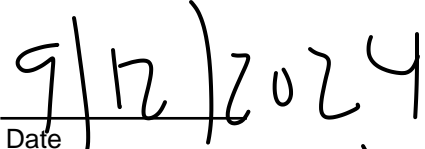
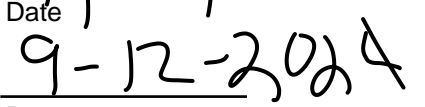
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(5) - CG #1 needs correct amount of coverage on Auto Insurance for Bodily Injury and Property Damage.

41.(b)(8) - No current CPR/First Aid for CG #2. Expired on 9/3/2024.

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

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