

Foster Family Home - Deficiency Report

Provider ID: 1-240085

Home Name: Flordeliza Bonilla, NA

Review ID: 1-240085-1

2211 Kalihi Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 11/1/2024

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 12/1/24.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7) - TB clearance expired on 2/24/2024 for CG #1.

41.(b)(8) - Blood Borne Pathogen certification expired on 10/8/2024 for CG #1.


Compliance Manager
Date 11/1/2024


Primary Care Giver
Date 11/1/2024

11/1/2024 7:18:17 PM