

# Foster Family Home - Deficiency Report

Provider ID: 1-240090

Home Name: Marissa Orpilla, NA

Review ID: 1-240090-1

94-704 Kaila Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 11/21/2024

## 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 12/21/24.


## 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 certification for CG #4. Expired on 1/5/2024.

  
Compliance Manager

  
Primary Care Giver

Date 11/21/2024  
Date 11/21/2024

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