

Foster Family Home - Deficiency Report

Provider ID: 1-240011

Home Name: Phoebe Villarta, CNA

Review ID: 1-240011-3

92-564 Akaula Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 10/29/2024

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

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

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/29/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

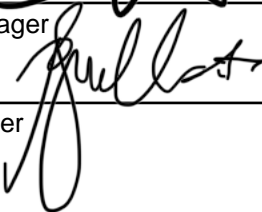
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#4. It was missing from the file.



Compliance Manager



Primary Care Giver



Date



Date