

Foster Family Home - Deficiency Report

Provider ID: 1-240096

Home Name: Fria Gaylle Falle, RN

Review ID: 1-240096-1

99-145 Lilia Place

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 12/12/2024

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

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

Comment:

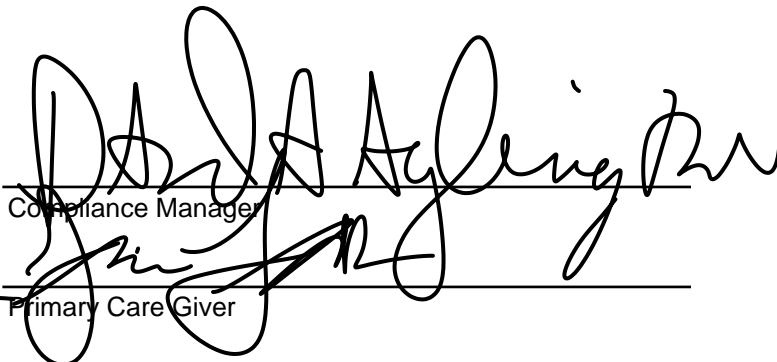
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 1/12/2025.


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 CPR/First Aid and Blood Borne Pathogen certification for CG #3.



Compliance Manager


Primary Care Giver

12/12/2024

Date
12/12/2024

Date