

Foster Family Home - Deficiency Report

Provider ID: 1-210039

Home Name: Digna Galera, CNA

Review ID: 1-210039-11

98-874 Kaamilo Street

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 2/12/2026

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 2/12/2026 with Plan of Correction due to CTA within 10 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#3. It was due on/before 10/21/2025.



Compliance Manager


Primary Care Giver



Date


Date