

# Foster Family Home - Deficiency Report

Provider ID: 1-240091

Home Name: Maria Shiela Tangonan, CNA

Review ID: 1-240091-3

91-1031 Kalapu Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 9/15/2025

## 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 9/15/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

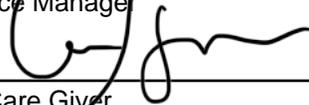
## Foster Family Home Personnel and Staffing [11-800-41]

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

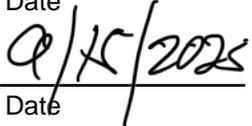
Comment:

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#3. First Aid training was not present in the file.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date