

# Foster Family Home - Deficiency Report

Provider ID: 5-577380

Home Name: Cristina Dullaga, CNA

Review ID: 5-577380-24

1657 Malakia Street

Reviewer: David Ayling

Kapaa

HI 96746

Begin Date: 10/21/2025

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/21/25.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:


8.(a)(1) - No current Sex Offender checks for CG #1, CG #2, CG #3, and CG #4.


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

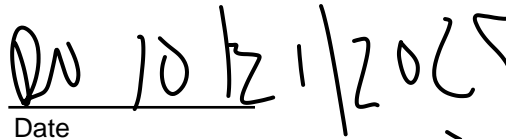
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

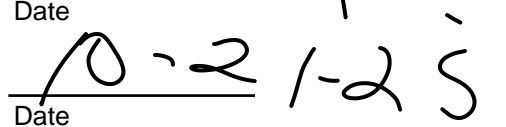
Comment:

41.(b)(8) - No current Blood Borne Pathogen certificates for Cg #1, CG #2, CG #3, and CG #4.

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

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

  
Date

  
Date