

Foster Family Home - Deficiency Report

Provider ID: 1-240059

Home Name: Ederlinda Reyes, CNA

Review ID: 1-240059-4

1544 Mahie Place

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 3/12/2026

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 3/26/26.

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 check for CG #3.

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:

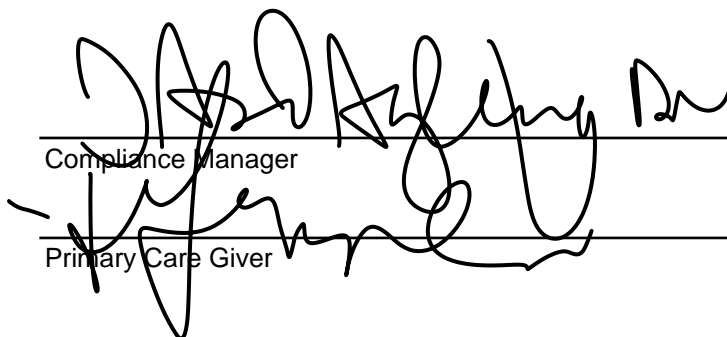
41.(b)(8) - CPR expired on 10/29/2025 for CG #1.

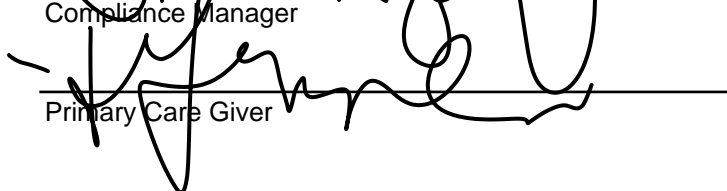
Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - CG #2 did not lead a fire drill since 12/2025.



Compliance Manager


Primary Care Giver

3/12/2026
Date

3/12/2026
Date