

# Foster Family Home - Deficiency Report

Provider ID: 1-250073

Home Name: Keli Nicolas, CNA

Review ID: 1-250073-1

2429 Halenoho Place

Reviewer: David Ayling

Honolulu

HI 96816

Begin Date: 10/8/2025

## 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 new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/8/25.

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


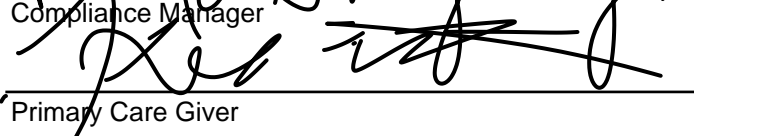
41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

Comment:

41.(b)(5) - CG #1 needs to show proof of current auto insurance with correct amounts of coverage for Bodily Injury and Property damage.

41.(b)(8) - No current Blood Borne Pathogen certificate for CG #1.

  
Compliance Manager  
  
Primary Care Giver

10/8/2025  
Date  
10/8/25  
Date