

# Foster Family Home - Deficiency Report

Provider ID: 1-250048

Home Name: Roussel Baldelomar, RN

Review ID: 1-250048-3

94-520 Koaleo Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/1/2026

## 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 4/15/26.

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



41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

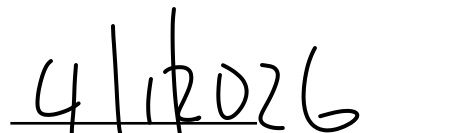
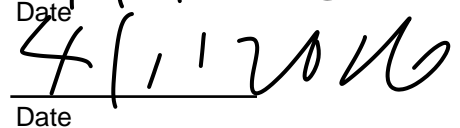
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current Blood Borne Pathogen certification for CG #1 and CG #2.

41.(b)(8) - No current CPR/First Aid certification for CG #2.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date