

Foster Family Home - Criteria Report

Provider ID: 1-100011

Home Name: Joan Flores

Review ID:

1573 Kilohana St.

Reviewer: David Ayling

Honolulu

HI

96819

Begin Date: 11/27/2017

End Date: 11/27/17

Foster Family Home

Required Certificate

[17-1454-6]



6.(b)

Any person, agency, or organization that wants to operate a home as a community care foster family home to provide, for a fee, twenty-four-hour living accommodations, including personal care and homemaker services for adults who have nursing facility level of care needs and are not related to the person providing the care, shall obtain a certificate of approval from the department.

6.(d)

To be certified as a community care foster family home, a person, agency, or organization shall:



6.(d)(1)

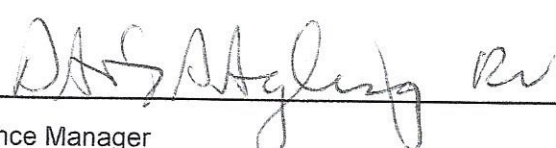
Comply with all applicable requirements in this chapter; and



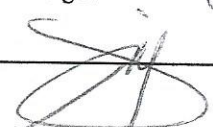
6.(d)(2)

Not have had a previous license or certificate to provide social or health care services that was revoked within twelve months of the current application for a certificate of approval, except that this restriction shall not apply if the revocation was successfully appealed.

Comment: Home visit to a 3 person CCFFH for a recertification visit on 11/27/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

11/27/17
Date


Primary Care Giver

11/27/17
Date