

Foster Family Home - Criteria Report

Provider ID: 1-170065

Home Name: MyLyka Alcaraz, CNA

Review ID:

3354 Likini Street

Reviewer: Carrie Wakai

Honolulu

HI

96819

Begin Date: 12/02/2017

End Date: 12/02/2017

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6.(d)(2) Not have had a previous license or certificate to provide social or health care services that was revoked within twelve months of the current application for a certificate of approval, except that this restriction shall not apply if the revocation was successfully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: 6.d.1 Home visit made for a new 2 bed certification. Home met all compliance requirements at the time of the Home visit. No corrective action required. Home is eligible for a 1 year 2 bed certification.

Carrie Wakai RN

Compliance Manager

MyLyka Alcaraz

Primary Care Giver

12-2-17

Date

12/02/17

Date