

Foster Family Home - Criteria Report

Provider ID: 1-170073

Home Name: Maria Victoria Suniga, CNA

Review ID:

45-1030 Waialele Road

Reviewer: Carrie Wakai

Kaneohe

HI

96744

Begin Date: 12/11/2017

End Date: 12/11/2017

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Not have had a previous license or certificate to provide social or health care services that was revoked within twelve months of the current application for a certificate of approval, except that this restriction shall not apply if the revocation was successfully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 client certification survey. Home was in compliance with all requirements. Home will receive a 1 year 2 bed certification.

Carrie Wakai
Compliance Manager

12-11-2017
Date

Maria Victoria Suniga
Primary Care Giver

12-11-17
Date