

Foster Family Home - Criteria Report

Provider ID: 1-170070

Home Name: Marjorie Peroche, CNA

Review ID:

94-442 Hamau St.,

Reviewer: Carrie Wakai

Waipahu

HI

96797

Begin Date: 12/04/2017

End Date: 12/04/2017

Foster Family Home	Required Certificate	[17-1454-6]
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<input checked="" type="checkbox"/>	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.
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	6.(d)	To be certified as a community care foster family home, a person, agency, or organization shall:
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<input type="checkbox"/>	6.(d)(1)	Comply with all applicable requirements in this chapter; and
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<input checked="" type="checkbox"/>	6.(d)(2)	Not have had a previous license or certificate to provide social or health care services that was revoked within twelve months of the current application for a certificate of approval, except that this restriction shall not apply if the revocation was successfully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.
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Comment: 6.d.1-Home visit was made for a new 2 client CCFFH certification survey. Home was in compliance with all requirements and will receive a 1 year 2 client certification.

Carrie Wakai RN
Compliance Manager

12-4-2017
Date

[Signature]
Primary Care Giver

12/04/17
Date