

Foster Family Home - Deficiency Report

Provider ID: 1-100088

Home Name: Evelyn Beltran, CNA

Review ID: 1-100088-9

94-375 Mokuola Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/23/2021

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 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 8/23/21.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

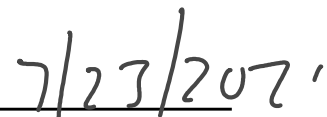
8.(a)(2) - [REDACTED] received from Fieldprint for CG #1 on 3/1/2021. GG #1 has obtained a [REDACTED].



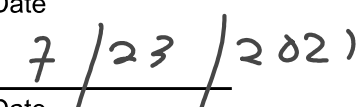
Compliance Manager



Primary Care Giver



Date



Date