

Foster Family Home - Deficiency Report

Provider ID: 2-180052

Home Name: Jesusa Ocon, CNA

Review ID: 2-180052-7

15-1676 26th Olena Street

Reviewer: Terri Van Houten

Kea'au

HI 96749

Begin Date: 7/13/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced annual home inspection for 2 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 8/13/2021.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1) - CG#4: Lapse in fingerprints. Expired 2/1/2021, current results are pending

8.(a)(2) - CG#4: Lapse in APS/CAN. Expired 2/1/2021, current results are pending



Compliance Manager



Primary Care Giver

7/13/21

Date

Date