

Foster Family Home - Deficiency Report

Provider ID: 1-614059

Home Name: Marites Calapini, CNA

Review ID: 1-614059-10

94-108 Hula Street

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 8/6/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Annual unannounced inspection made today. Corrective action report was issued during visit with a written plan of correction due to CTA by 9/6/21.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - CG #2 [REDACTED] expired on 2/28/2020.

Compliance Manager

Primary Care Giver

Date

Date