

Foster Family Home - Deficiency Report

Provider ID: 1-509276

Home Name: Eunice Aguilar, CNA

Review ID: 1-509276-10

94-1091 Nalii Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/23/2021

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 10/23/21. All requirements were met at the time of inspection. Home will receive a 3 bed certification.


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:

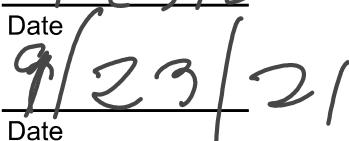
8.(a)(1)(2) - 2nd year APS/CAN and fingerprints expired on 9/3/2021 for HHM #2.



Compliance Manager


Primary Care Giver



Date


Date