

# Foster Family Home - Deficiency Report

Provider ID: 1-616138

Home Name: Leonora Gozon-Tagalog, CNA

Review ID: 1-616138-12

94-110 Leowaena Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 8/4/2021

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

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

Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.


Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/4/2021.


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

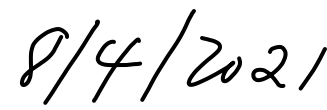
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

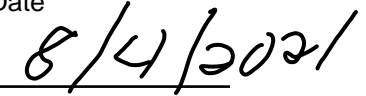
Comment:

8.(a)(2)- CG#1, CG#2, CG#3, HHM#3, and HHM#4's APS/CAN all expired on 7/26/2021. No current results present in the CCFFH binder.

  
Compliance Manager

  
Primary Care Giver

  
Date 8/4/2021

  
Date 8/4/2021

