

# Foster Family Home - Deficiency Report

Provider ID: 1-120006

Home Name: Lucila McCormack, CNA

Review ID: 1-120006-11

1042 Wong Lane

Reviewer: Julie Hastings

Honolulu

HI 96817

Begin Date: 9/21/2021

## 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 completed for a 3 person CCFFH recertification  
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 10/21/2021.

## 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:

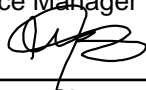
8.(a)(1)

8.(a)(2)

HHM#3, #4, #5 first APS/CAN/Fingerprint was 7/28/20. Was due for second set on or before 7/28/2021. No current APS/CAN/Fingerprint



Compliance Manager



Primary Care Giver

9/21/2021

Date

9/21/2021

Date