

# Foster Family Home - Deficiency Report

Provider ID: 1-090119

Home Name: Myung Suk Hiruko, CNA

Review ID: 1-090119-10

94-1002-B Kikepa Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 7/20/2021

## 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.  
NOVO-

- 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 10/23/2021

## 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)

Fraudulent APS/CAN/Fingerprint and ECrimis for CG#1, CG#2,CG#4, CG#5, and HHM #1

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire no FD for CG#4 or CG#5



Compliance Manager

9/23/2021

Date

Primary Care Giver

9/23/2021

Date