

Foster Family Home - Deficiency Report

Provider ID: 1-589682

Home Name: Cecilia Supnet, NA

Review ID: 1-589682-3

94-1174 Heahea Street

Reviewer: Julie Hastings

Waipahu

HI 96797

Begin Date: 10/7/2021

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 2 person CCFFH recertification
Corrective Action Report issued during home inspection with all approved written corrections due to [REDACTED] by 11/8/2021

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#1 Red light no exemption for 12/18/2020 APS/CAN/Fingerprint. Had an exemption for 12/18/19 APS/CAN Fingerprint red light that was dated 8/7/2020 (took almost a year to obtain per CG#1)

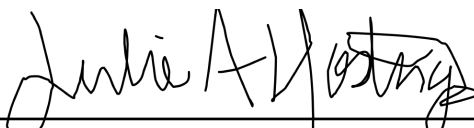
Foster Family Home Personnel and Staffing [11-800-41]

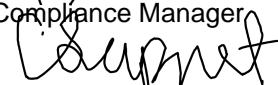
41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(f)

No TB clearance or declination form for 2 minors



Compliance Manager


Primary Care Giver

10/8/2021

Date

10/8/2021

Date