

Foster Family Home - Deficiency Report

Provider ID: 1-515281

Home Name: Henry Caddali, CNA

Review ID: 1-515281-10

2332 Pio Place

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 12/29/2021

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 1/29/22.

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

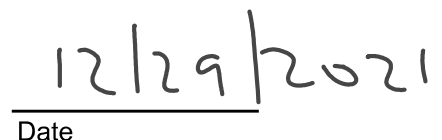
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

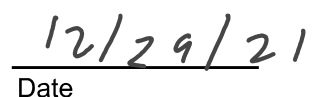
Comment:

8.(a)(2) - APS/CAN expired on 9/14/2021 for CG #1 and CG #2.


Compliance Manager


Primary Care Giver


Date


Date