

# Foster Family Home - Deficiency Report

Provider ID: 1-220013

Home Name: Jane Stubbert, RN

Review ID: 1-220013-1

94-520 Koaleo Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/15/2022

## 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 new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 4/15/22.

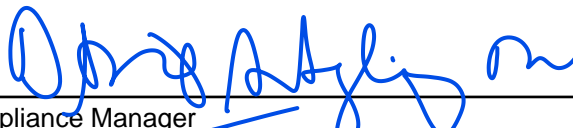
## Foster Family Home Background Checks [11-800-8]


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)(2) - No current APS/CAN and fingerprints for HHM #1.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date