

# Foster Family Home - Deficiency Report

Provider ID: 2-512328

Home Name: Arsenio Lopez, CNA

Review ID: 2-512328-10

920 Puku Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 3/22/2022

## 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 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 4/22/22.

## 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:

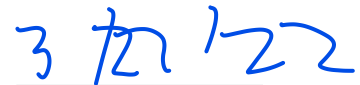
8.(a)(2) - APS/CAN expired on 6/31/2021 for CG #1 and CG #3. Renewed on 3/18/2022.



Compliance Manager



Primary Care Giver



Date



Date