

# Foster Family Home - Deficiency Report

Provider ID: 2-510687

Home Name: Teresita Cacpal, CNA

Review ID: 2-510687-12

15-1368 Poni Moi Street

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 4/27/2022

## 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 5/27/22.

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

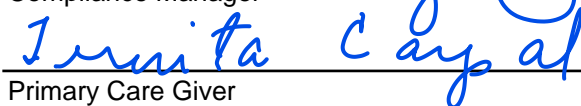
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

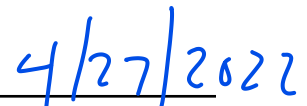
8.(a)(2) - APS/CAN expired on 11/20/2021 for CG [REDACTED]. Renewed on 3/16/2022.

  
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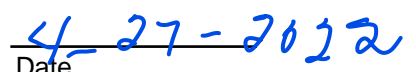
Compliance Manager

  
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Primary Care Giver

  
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Date

  
\_\_\_\_\_

Date