

Foster Family Home - Deficiency Report

Provider ID: 1-565096

Home Name: Emy Lee, CNA

Review ID: 1-565096-9

94-428 Hamau Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 6/2/2022

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

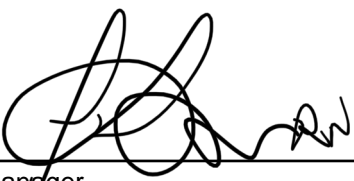
Unannounced inspection made for a 3-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 7/2/2022. (30 days from the date the CCFH is given their deficiency report)

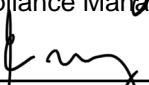
Foster Family Home Background Checks [11-800-8]

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. C [REDACTED] APS/CAN expired on [REDACTED]. No current APC/CAN present.



Compliance Manager


Primary Care Giver

6/2/22

Date
06 | 02 | 22

Date