

Foster Family Home - Deficiency Report

Provider ID: 1-616138

Home Name: Leonora Gozon-Tagalog, CNA Review ID: 1-616138-14

94-110 Leowaena Street Reviewer: Po Lim

Waipahu HI 96797 Begin Date: 7/5/2022

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 8/5/2022. (30 days from the date the CCFH is given their deficiency report).

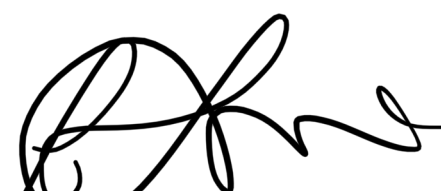
Foster Family Home Background Checks [11-800-8]

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

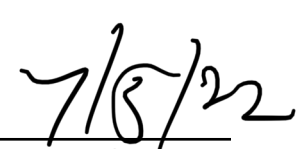
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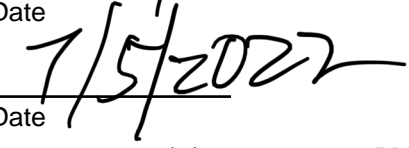
8.a.1 and 8.a.2. HHM#3 and HHM#4 does not meet the APS CAN Fingerprints, two sets within 12 months period requirements.



Compliance Manager


Primary Care Giver



Date


Date