

# Foster Family Home - Deficiency Report

Provider ID: 1-627424

Home Name: Alicia Abendanio, CNA

Review ID: 1-627424-14

94-606 Palai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/17/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


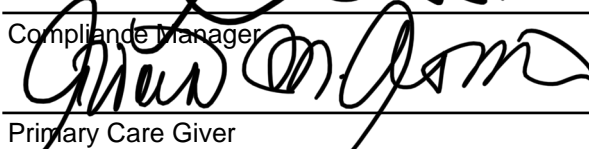
6.d.1. Unannounced inspection made for a 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 1/17/2023. (30 days from the date the CCFFH is given their deficiency report).

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.a.1. CG#2 have an expired ECRIM on 12/26/2021, no new present.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

12/17/22  
Date  
12/17/22  
Date