

Foster Family Home - Deficiency Report

Provider ID: 3-180060

Home Name: Eileen P. Pomroy, CNA

Review ID: 3-180060-9

18-1639 Ihope Road

Reviewer: David Ayling

Mt. View

HI 96771

Begin Date: 11/14/2022

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 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 12/14/22. PCG requests to increase to a 3-bed ccffh.


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

Comment:

8.(a)(1)(2) - APS/CAN and eCrim expired on 8/14/2022 for CG #2.




Compliance Manager



Primary Gate Giver

11/14/2022
Date_

11/14/22
Date_ 

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