

Foster Family Home - Deficiency Report

Provider ID: 1-160070

Home Name: Marissa Ruiz, CNA

Review ID: 1-160070-12

94-1487 Kahualoa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/17/2022

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

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

Comment:

6.d.1. 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).

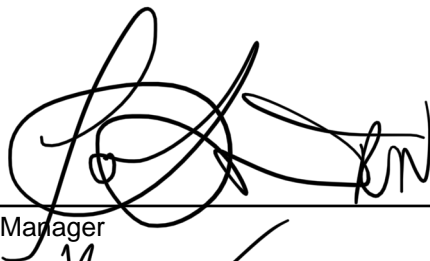
Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

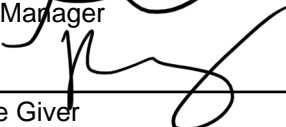
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1 and 8.a.2 CG#6 did not meet the 2 sets of APS, CAN, Fingerprints within a 12 months period.



Compliance Manager



Primary Care Giver

12/17/22

Date

12/17/22

Date