

Foster Family Home - Deficiency Report

Provider ID: 1-200006

Home Name: Mishel Suguitan, NA

Review ID: 1-200006-6

94-342 Kipou Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 9/27/2022

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 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 10/27/2022. (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 #3 and #6 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

Compliance Manager

Primary Care Giver

Date

Date