

Foster Family Home - Deficiency Report

Provider ID: 1-230020

Home Name: Angelica Vallente, CNA

Review ID: 1-230020-1

94-1064 Hiapo Street

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 3/29/2023

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) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 4/29/23.

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;

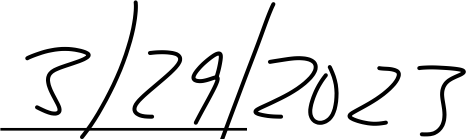
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

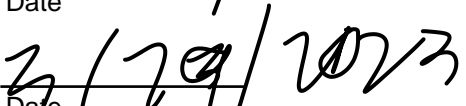
Comment:

8.(a)(1)(2) - No current 1st year APS/CAN and fingerprints for CG #2, CG #3, CG #4, HHM #2 and HHM #3.


Compliance Manager


Primary Care Giver


Date


Date