

# Foster Family Home - Deficiency Report

Provider ID: 1-160032

Home Name: Glenda Pita, CNA

Review ID: 1-160032-10

760 Hoomalimali Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 2/16/2023

## 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 visit made for a 2-bed annual inspection. Deficiency report issued during CCFFH inspection with a written plan of correction due on 03/16/2023

## 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:

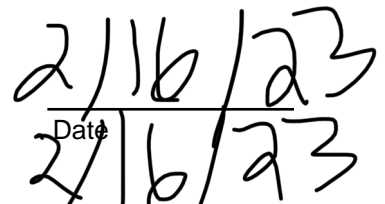
8.(a)(2)-APS/CAN fingerprints expired on 8/11/2022 and no current results were present.



Compliance Manager



Primary Care Giver



Date

Date