

Foster Family Home - Deficiency Report

Provider ID: 1-559180

Home Name: Janet Sion, NA

Review ID: 1-559180-13

4222 Likini Street

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 4/28/2023

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 4/28/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.


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

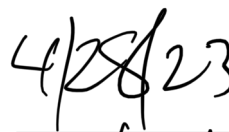
Comment:

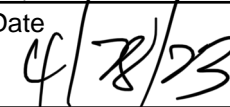
8.a.1.and 8.a.2. HHM #3 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.



Compliance Manager


Primary Care Giver



Date


Date