

Foster Family Home - Deficiency Report

Provider ID: 1-180019

Home Name: Sheillamari Prepuse, RN

Review ID: 1-180019-10

86-218 Leihoku Street

Reviewer: Deborah Baumgart

Waianae HI 96792

Begin Date: 2/23/2023

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) Unannounced visit made for a 3-bed annual inspection. Deficiency Report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued on 02/23/2023)

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) CG #1 and CG#2 APS/CAN lapsed on 02/01/2023 with no current results present. CG#1 and CG#2 eCrim lapsed with no current results present.


Compliance Manager

Primary Care Giver
2/27/23
Date
2/23/23
Date