

# Foster Family Home - Deficiency Report

Provider ID: 1-210064

Home Name: Maribel E. Balete, NA

Review ID: 1-210064-5

94-367 Ikepono Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 6/2/2023

## 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 6/2/2023 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. CG#2 (HHM #3) did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

6/2/23  
Date

6/2/2023  
Date