

Foster Family Home - Deficiency Report

Provider ID: 2-190047

Home Name: Sam P. Panglao, CNA

Review ID: 2-190047-8

96-3065 Pikake Street

Reviewer: David Ayling

Pahala

HI

96777

Begin Date: 5/25/2023

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) - Annual unannounced inspection made today. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 6/25/23.

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) - APS/CAN not current for CG #1. Expired on 6/15/2022. ECrim expired on 6/15/2022 for CG #1. Not done until 11/14/2022.

David A. Ayling RN
Compliance Manager

Primary Care Giver

5/25/2023
Date

5/25/2023
Date