

# Foster Family Home - Deficiency Report

Provider ID: 1-130051

Home Name: Elizabeth Soriano, NA

Review ID: 1-130051-14

91-812 Aaha Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 7/19/2023

## 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 7/19/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.a.2. CG #5 have a CNA expired license. Expired on 9/30/2020 and no renewal.

Compliance Manager

Primary Care Giver

Date

Date