

Foster Family Home - Deficiency Report

Provider ID: 2-583212

Home Name: Jopher Salom, CNA

Review ID: 2-583212-14

1335 Kaiwiki Road

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 8/15/2023

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/15/23.

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;

Comment:

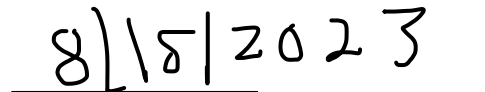
8.(a)(1) - eCrim expired on 7/13/2023 for CG #5.



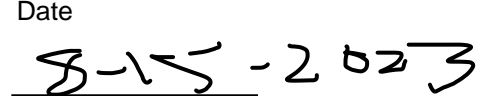
Compliance Manager



Primary Care Giver



Date



Date