

Foster Family Home - Deficiency Report

Provider ID: 1-220082

Home Name: Prudencio Rivera, CNA

Review ID: 1-220082-3

99-564 Huakanu Street

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 7/25/2023

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 7/25/2023 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)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were lapsed for CG# 2 (HHM# 1).
APS/CAN was due on or before 4/16/2023 and was completed on 7/3/2023.

Compliance Manager

Primary Care Giver

Date

Date