

Foster Family Home - Deficiency Report

Provider ID: 1-591083

Home Name: Rosa Ishihara, CNA

Review ID: 1-591083-13

94-205 Paiwa Street

Reviewer: Deborah Baumgart

Waipahu

HI

96797

Begin Date: 7/24/2023

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- Unannounced visit made for a 3-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.
(Issued on 07/24/2023)

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)CG#1 Ecrim lapsed 6/24/23 and was not done until 7/10/23 CG#3 Ecrim lapsed on 6/24/23 and was not done until 7/10/23

8.(a)(2) CG#1 APS/CAN lapsed on 6/22/23 and was not done until 7/14/23 CG#3 APS/CAN lapsed on 6/22/23 and was not done until 7/14/23

Compliance Manager

Primary Care Giver

Date

Date