

# Foster Family Home - Deficiency Report

Provider ID: 1-510471

Home Name: Juliet Acoba, CNA

Review ID: 1-510471-14

94-1028 Puloku Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/19/2023

## 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 3-bed annual inspection.

Deficiency Report was issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued 9/19/2023)

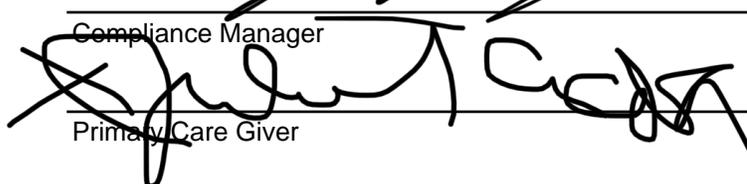
## Foster Family Home Background Checks [11-800-8]

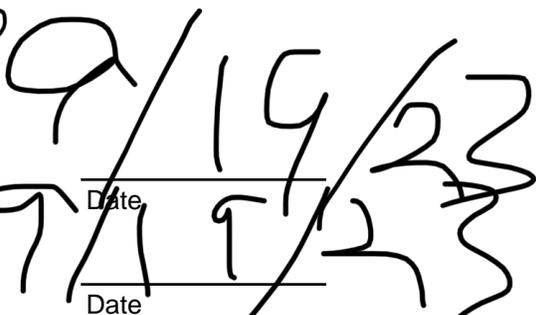
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

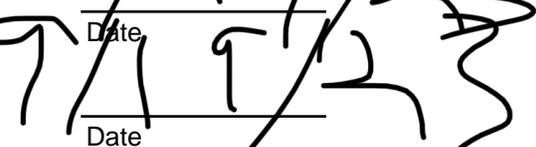
Comment:

8.(a)(2) CG#2 and CG# 3 APS/CAN lapsed on 8/23/23 with no current results present.

  
\_\_\_\_\_  
Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date