

# Foster Family Home - Deficiency Report

Provider ID: 1-190030

Home Name: Shella Marie Valencia, NA

Review ID: 1-190030-11

94-470 Opeha Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 11/22/2023

## 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 re-certification inspection.

CCFFH is applying for an increase from 2 beds to 3 beds.



Deficiency Report issued during CCFFH inspection via email on 11/22/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

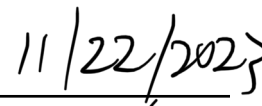
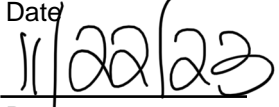
## Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.a.2. CG#4 is not authorized to work in a 3 beds CCFFH.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date