

Foster Family Home - Deficiency Report

Provider ID: 2-618936

Home Name: Josephine Javar, LPN

Review ID: 2-618936-14

94-6264 Puka Street

Reviewer: David Ayling

Naalehu

HI 96772

Begin Date: 1/2/2024

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

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

Comment:

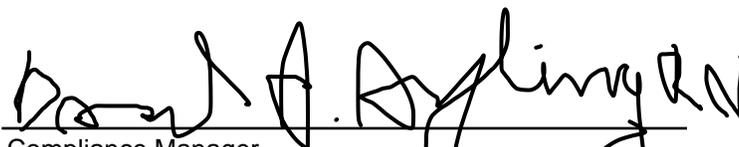
6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 2/2/24.

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 expired on 2/20/2023 for HHM #1.


Compliance Manager


Primary Care Giver


Date


Date