

# Foster Family Home - Deficiency Report

Provider ID: 1-562315

Home Name: Lily Zafaralla, CNA

Review ID: 1-562315-14

94-1180 Keahua Loop

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 2/21/2024

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

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

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with a plan of correction due to CTA within 30 days of inspection.  
(Issued on 02/21/2024)

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

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)(2)-APS/CAN fingerprints for CG#4 lapsed on 2/7/2024 with no current results present.



Compliance Manager



Primary Care Giver

2/21/24  
Date  
2/21/24  
Date