

# Foster Family Home - Deficiency Report

Provider ID: 1-130046

Home Name: Natti Asentista, NA

Review ID: 1-130046-17

94-415 Ikepono Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/15/2024

## 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 2/15/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#2 (HHM# 1). APS/CAN was due on or before 6/7/2023 and was completed on 7/21/2023.


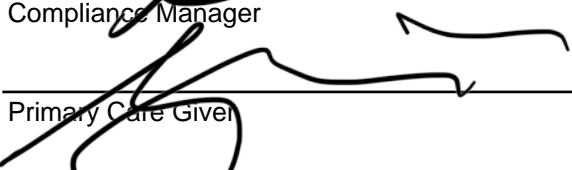
8(c) State Name Check (eCrim) was lapsed for CG#2 (HHM# 1). State Name Check (eCrim) was due on or before 2/19/2023 and was completed on 4/4/2023.


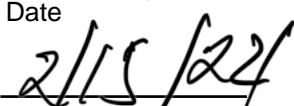
## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current service plan present for Client#1. Last one in record is dated 2/13/2023.

  
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Compliance Manager  
  
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Primary Care Giver

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