

Foster Family Home - Deficiency Report

Provider ID: 1-190093

Home Name: Arturo Borres Jr., CNA

Review ID: 1-190093-11

104 Uluwale Place

Reviewer: Deborah Baumgart

Wahiawa

HI 96786

Begin Date: 7/23/2024

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 3-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued 7/23/2024)


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

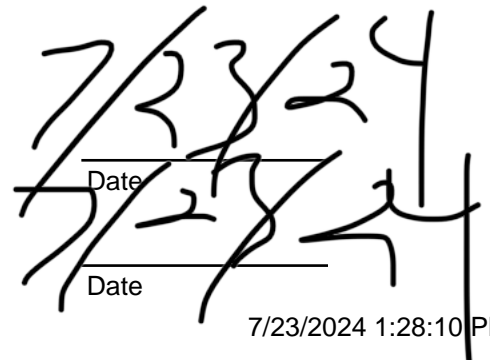
Comment:

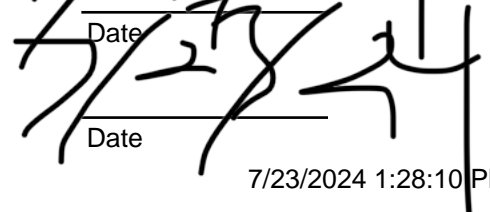
8.(a)(1)(2)-CG#1 APS/CAN lapsed on 12/15/23 and was done on 1/2/24. CG#4 Ecrim lapsed on 11/23/22 and was done on 2/4/23.



Compliance Manager


Primary Care Giver



Date


Date