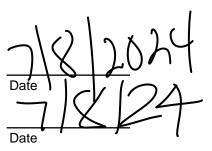
Home Name: Desiree Sanchez, NA Review ID: 1-240048-1 94-815 Kaaka Street Reviewer: David Ayling Waipahu HI 96797 Begin Date: 7/8/2024 Foster Family Home Required Certificate [11-800-6] 6.(d)(1) Comply with all applicable requirements in this chapter; and Comment: 6.(d)(1) Comply with all applicable requirements in this chapter; and Deficiency Report issued during home inspection vertified to vertification. 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) - No first year APS/CAN and fingerprints for HHM #1. Foster Family Home Personnel and Staffing [11-800-41] 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and	Provider ID:	1-240048				
Waipahu HI 96797 Begin Date: 7/8/2024 Foster Family Home Required Certificate [11-800-6] 6.(d)(1) Comply with all applicable requirements in this chapter; and	Home Name:	Desiree Sanchez,	NA	Review ID:	1-240048-1	
Foster Family Home Required Certificate [11-800-6] 6.(d)(1) Comply with all applicable requirements in this chapter; and Comment: 6.(d)(1) Comply with all applicable requirements in this chapter; and Comment: 6.(d)(1) Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with the plan of correction due to CTA by 8/8/24. Deficiency Report issued during home inspection with the plan of correction due to CTA by 8/8/24. 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) - No first year APS/CAN and fingerprints for HHM #1. Foster Family Home Personnel and Staffing [11-800-41]	94-815 Kaaka S	Street		Reviewer:	David Ayling	
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Comment: 8.(a)(1)(2) - No first year APS/CAN and fingerprints for HHM #1. Foster Family Home Personnel and Staffing [11-800-41]		Be subject to criminal history record checks in accordance with section 846-2.7, HRS;				
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Foster Family Home Personnel and Staffing [11-800-41]						
	8.(a)(2)					
(1)(1) Tuberculosis clearances that meet department of health guidelines: and	8.(a)(2) Comment:	Be subject to ad	ult protective servic	ce perpetrator c	checks if the individual has direct contact with a client; and	
	8.(a)(2) Comment: 8.(a)(1)(2) - N	Be subject to ad o first year APS/CA	ult protective servic	ce perpetrator c ts for HHM #1	checks if the individual has direct contact with a client; and	
	8.(a)(2) Comment: 8.(a)(1)(2) - N	Be subject to ad o first year APS/CA y Home Pers	ult protective servic N and fingerprint	ts for HHM #1	checks if the individual has direct contact with a client; and [11-800-41]	

41.(f)(1) - No current TB clearance for HHM #1.

anag Complance Primary Care ver



		Foster Famil In of Correct hapter 11-80	ion (POC)
PCG's Name CCFFH Addi	e on CCFFH Certificate: DESIFEC ress: 94-815 KAAKA S	t. Waip	<u>1СНСZ</u> Е PRINT) РАНИ HI 96797 Е PRINT)
Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
(2)	I received a contrent ARS/CAN, Fingerprint and TB from HHM#1. I placed the paper works in my cofff binder.	1. 1. 1	I will make sure every new HHM has APS/CAN, Fingerprint and TB before they move in to my coffH
All iten	ns that were corrected are attached to thure:	his POC	Date: JNIN 27,2

101821 S. Young