

Foster Family Home - Deficiency Report

Provider ID: 1-160081

Home Name: Maryvin Ancheta, CNA

Review ID: 1-160081-13

98-073 Lokowai Street

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 7/15/2024

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/15/2024).

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;

Comment:

8.(a)(1): Ecrim result with criminal charge within past 10 years without exemption or greenlight since for CG#5.



Compliance Manager



Primary Care Giver



Date



Date