

Foster Family Home - Deficiency Report

Provider ID: 1-200006

Home Name: Mishel Suguitan, CNA

Review ID: 1-200006-10

94-342 Kipou Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 8/14/2024

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/14/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

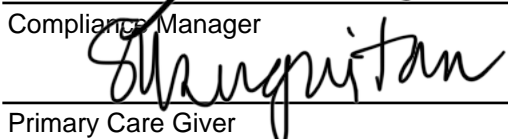
Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG# 3 is not included on the policy.


Compliance Manager


Primary Care Giver


Date


Date