

# Foster Family Home - Deficiency Report

Provider ID: 1-512229

Home Name: Odette Josue, NA

Review ID: 1-512229-15

1719 A Owawa Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 7/16/2024

## 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 annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.  
(Issued 7/16/2024)

## 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)-CG#3 Ecrim lapsed 12/15/23 with no current results present. HHM#3 Ecrim lapsed on 9/28/23 with no current results present.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)-CG#1 TB clearance lapsed 2/7/24 and was done on 4/6/24.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

7/16/24  
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Date  
7/16/24  
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Date  
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