

# Foster Family Home - Deficiency Report

Provider ID: 2-140078

Home Name: Edgar Chua Bartolome, CNA

Review ID: 2-140078-15

28-2884 Kaakepa Street

Reviewer: David Ayling

Pepeekeo

HI 96783

Begin Date: 9/11/2024

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. PCG requests to increase to a 3 client CCFFH. Deficiency Report issued during home inspection with written plan of correction due to CTA by 10/11/24.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

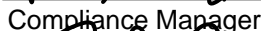
Comment:

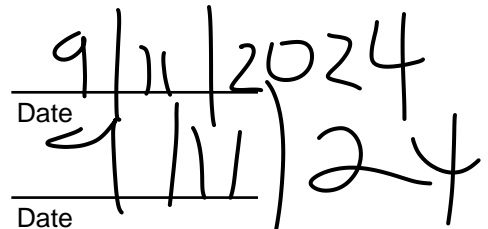
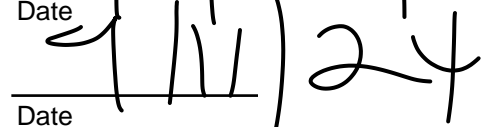
8.(a)(2) - APS/CAN expired on 12/3/2023 for HHM #1. No proof of renewal in ccffh binder.

  
Compliance Manager

Compliance Manager

Primary Care Giver



  
Date  
  
Date

Date

Date