

# Foster Family Home - Deficiency Report

Provider ID: 1-140076

Home Name: Emil Novesteras Jr., CNA

Review ID: 1-140076-15

94-277 Paiwa Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 8/29/2024

## 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 annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued 8/29/2024)

## 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)-CG#1 and CG#3 APS/CAN lapsed on 9/27/2023 and was done on 12/8/2023. HHM#2 and HHM#3 APS/CAN lapsed on 10/28/2023 with no current results present.

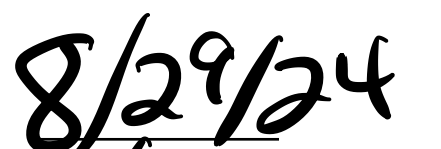
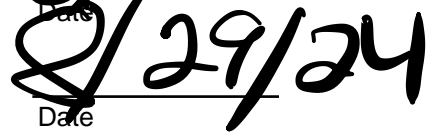
## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire-Last fire drill completed was 3/11/2024.

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date