

Foster Family Home - Deficiency Report

Provider ID: 1-559049

Home Name: Carmencita Asuncion, CNA

Review ID: 1-559049-17

94-1169 Kahuanui Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 10/23/2024

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 10/23/2024)


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;

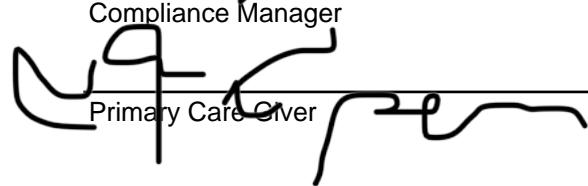
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2)-CG#3 APS/CAN lapsed 9/12/2024 with no current results present. CG#3 Ecrim lapsed 8/11/2024 with no current results present.



Compliance Manager



Primary Care Giver

10/23/24

Date

10/23/24

Date