

Foster Family Home - Deficiency Report

Provider ID: 4-230084

Home Name: Joelita Ucol, CNA

Review ID: 4-230084-4

17 Hoomoku Loop

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 10/29/2024

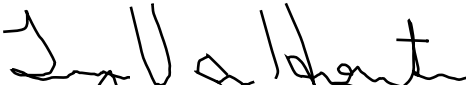
Foster Family Home **Required Certificate** **[11-800-6]**

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

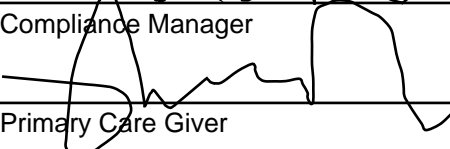
Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.


CG#1 requesting an increase to 3 beds. CCFFH has not been in operation for 12 months and has not provided care for a client for a minimum of 11 months as of the date of the inspection, therefore did not meet criteria for an increase.




Compliance Manager



Primary Care Giver



Date



Date