

Foster Family Home - Deficiency Report

Provider ID: 1-240084

Home Name: Mhee Susania, CNA

Review ID: 1-240084-1

1154 Iomea Place

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 10/28/2024

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 new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/28/24.

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)(2) - CG #2 needs current fingerprints. Expired 10/26/2024.


Compliance Manager
Date 10/28/2024


Primary Care Giver
Date 10/28/2024