

Foster Family Home - Deficiency Report

Provider ID: 1-110056

Home Name: Menchie Dawang, CNA

Review ID: 1-110056-21

91-739 Poloula Place

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 10/30/2024

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/30/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

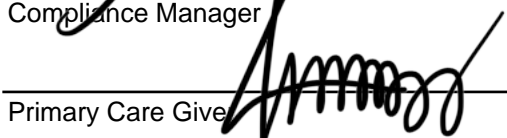
Comment:

8(a)(2) APS/CAN checks were overdue/lapsed for CG#1, CG#2 and HHM#2.
CG#1 and HHM#2 APS/CAN was due on or before 4/7/2024 and are not present in the CCFFH file.
CG#2 APS/CAN was due on or before 9/19/2024 and are not present in the CCFFH file.

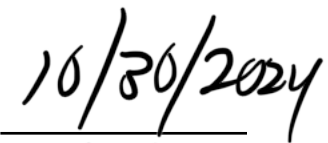
8(c) State Name Check (eCrim) was overdue/lapsed for CG#1, CG#2, and HHM# 2.
CG#1 and HHM#2 State Name Check was due on or before 4/7/2024 and are not present in the CCFFH file.
CG#2 State Name Check was due on or before 9/19/2024 and are not present in the CCFFH file.



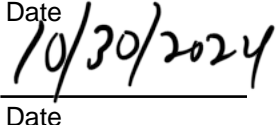
Compliance Manager



Primary Care Giver



Date



Date