

# Foster Family Home - Deficiency Report

Provider ID: 1-240043

Home Name: Ryan Truong, CNA

Review ID: 1-240043-1

1321 Kaweloka Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 7/1/2024

## 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. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


## Foster Family Home Background Checks [11-800-8]

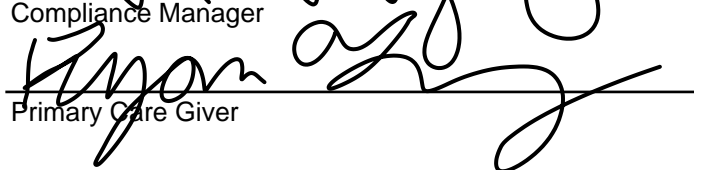
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

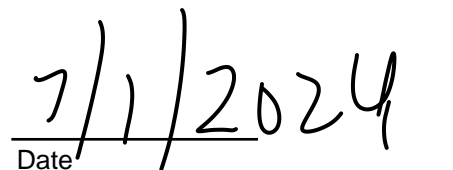
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

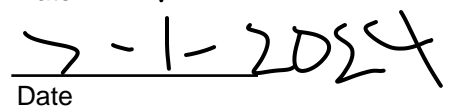
Comment:

8.(a)(1)(2) - No first year APS/CAN and fingerprint for CG #2.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date