

Foster Family Home - Deficiency Report

Provider ID: 1-561531

Home Name: Sunny K. Lee, CNA

Review ID: 1-561531-18

3229-A Francis Street

Reviewer: Po Lim

Honolulu HI 96815

Begin Date: 12/2/2024

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 12/2/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business.



Compliance Manager



Date



Primary Care Giver

Date