

Foster Family Home - Deficiency Report

Provider ID: 1-240101

Home Name: Brian G. Estrada, NA

Review ID: 1-240101-1

91-806 Hanakahi Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 12/26/2024

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 1/26/25.

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 1st year APS/CAN and Fingerprints for HHM #1 and HHM #2.

Foster Family Home Personnel and Staffing [11-800-41]


41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(5) - CG #1 needs the correct amount of auto insurance coverage for Bodily Injury and Property Damage.

41.(b)(7) - CG #1 needs proof of a current TB clearance.



Compliance Manager



Primary Care Giver

12/26/2024
Date

12/26/2024
Date