

Foster Family Home - Deficiency Report

Provider ID: 1-240100

Home Name: Dahae Anna Park, RN

Review ID: 1-240100-1

1753 10th Avenue

Reviewer: David Ayling

Honolulu

HI 96816

Begin Date: 12/27/2024

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 CCFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 1/27/25.

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 current APS/CAN and Fingerprints for CG #2 and CG #3.

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

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

Comment:


41.(b)(7) - No current TB clearance for CG #1, CG #2, and CG #3.

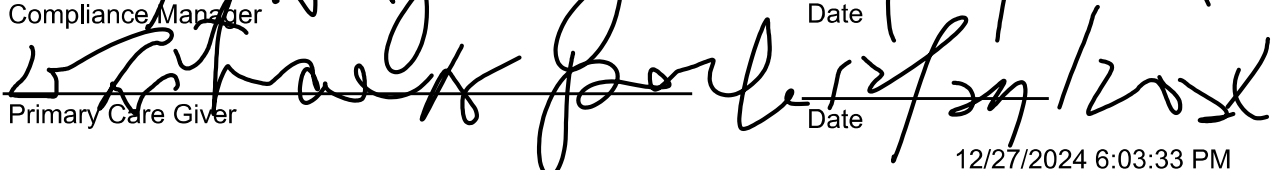
Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) - Needs Wheelchair accessibility at garage ramp, front door ramp, and a ramp from the kitchen to the living room.


Compliance Manager
Date 12/27/2024


Primary Care Giver
Date 12/27/2024