

# Foster Family Home - Deficiency Report

Provider ID: 1-240099

Home Name: Rose Ponce, NA

Review ID: 1-240099-1

94-213 Kahuanani Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 12/19/2024

## 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 1/19/25.

## 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/Fingerprints for CG #2 and HHM #1.

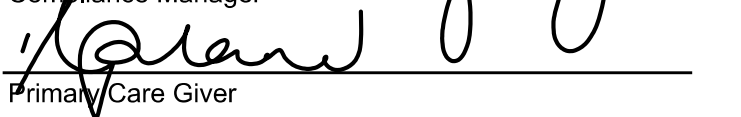
## Foster Family Home Personnel and Staffing [11-800-41]

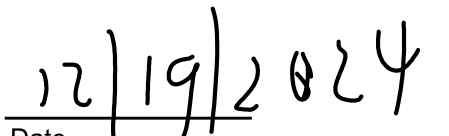
41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

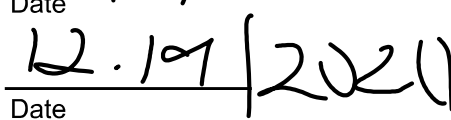
Comment:

41.(b)(5) - No current Auto Insurance for CG #1.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date