

Foster Family Home - Deficiency Report

Provider ID: 5-110046

Home Name: Shallee Erorita, CNA

Review ID: 5-110046-18

4011 Lawehana Street

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 7/2/2025

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 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/2/25.

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) - No current Sex Offender checks for all CG's and HHM's over 18.

No current eCrim for HHM #2 and HHM #6. Expired on 5/25.



8.(a)(2) - No current APS/CAN for HHM #2 and HHM #6. Expired 5/25.

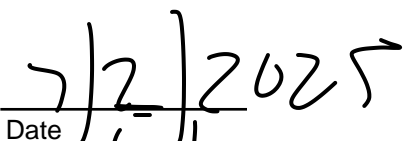
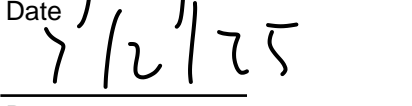
Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - Client #2 is receiving 1000u of vitamin D3 orally every day. Dr's order is for 5000u orally every day.


Compliance Manager

Primary Care Giver


Date

Date