

Foster Family Home - Deficiency Report

Provider ID: 1-250055

Home Name: Arlen B. Corona, NA

Review ID: 1-250055-1

94-249 Paiwa Street

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 8/6/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 9/6/25.

Foster Family Home	Background Checks	[11-800-8]
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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.


Compliance Manager


Primary Care Giver

8/6/2025

Date

8/6/2025

Date