

Foster Family Home - Deficiency Report

Provider ID: 1-150026

Home Name: Lilian Joaquin, RN

Review ID: 1-150026-18

94-1078 Hoomakoa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 8/5/2025

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) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/5/24.

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) - eCrim expired on 2/22/2025 for HHM#1 and HHM#2. Not updated.

8.(a)(2) - APS/CAN expired on 1/31/2025 for HHM#1 and HHM#2. Not updated.

Compliance Manager

Primary Care Giver

Date

Date