

# Foster Family Home - Deficiency Report

Provider ID: 1-170074

Home Name: Dyan Peroche Clariz, CNA

Review ID: 1-170074-17

94-442 Hamau Street

Reviewer: Terri Van Houten

Waipahu

HI 96797

Begin Date: 9/9/2025

**Foster Family Home**

**Required Certificate**

**[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

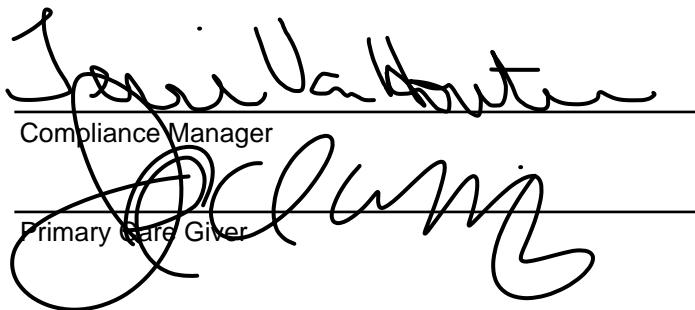
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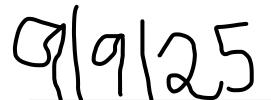
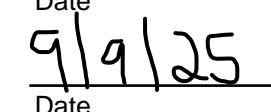
6.(d)(1) - Unannounced annual inspection for 2bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 10/9/25.

Please note: Deficiencies identified as repeat violations from a previous inspection requires that you identify a new prevention strategy from ones attempted in the past, to ensure compliance moving forward.

42(a)(1) – Be certified by a physician as requiring nursing facility level of care. The Medicaid agency medical consultant shall certify the individual who is a participant in a federally funded medical program.

The CCFFH did not have evidence of a completed and signed 1147 on file for client # 2.

  
Terri Van Houten  
Compliance Manager  
Primary Care Giver

  
9/9/25  
Date  
  
9/9/25  
Date