

Foster Family Home - Deficiency Report

Provider ID: 5-200049

Home Name: Jezzy Sokau, NA

Review ID: 5-200049-12

3914 Lawehana Street

Reviewer: David Ayling

Lihue

HI 96766

Begin Date: 8/26/2025

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 9/26/25. All requirements were met at the time of inspection.

Foster Family Home

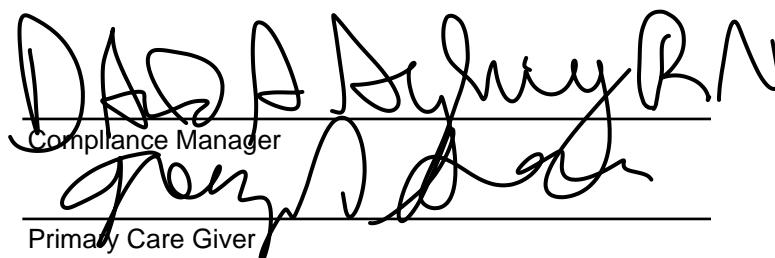
Personnel and Staffing

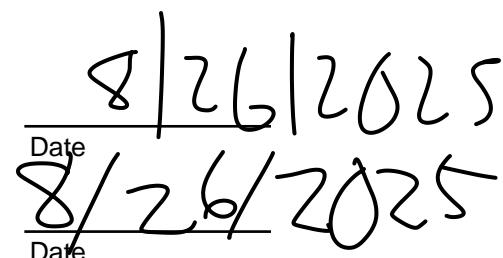
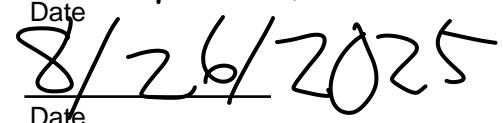
[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - TB clearance expired for CG #1. Expired on 8/31/2024. TB clearance expired for CG #2. Expired on 5/1/2025.


Compliance Manager
Primary Care Giver


Date

Date