

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:


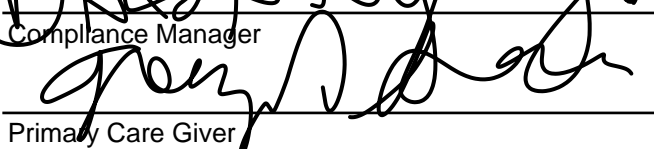
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/26/25. All requirements were met at the time of inspection.

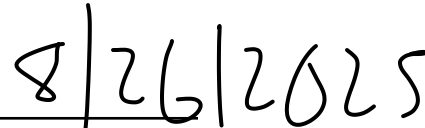
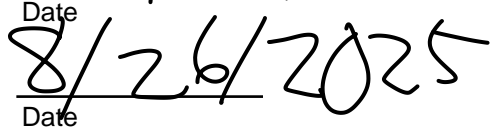
Foster Family Home	Personnel and Staffing	[11-800-41]
--------------------	------------------------	-------------

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