

Foster Family Home - Deficiency Report

Provider ID: 1-510471

Home Name: Juliet Acoba, CNA

Review ID: 1-510471-19

94-1028 Puloku Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 8/19/2025

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/19/24.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - Current eCrim for CG #3 missing previous history or any new citations (printer malfunction).

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



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


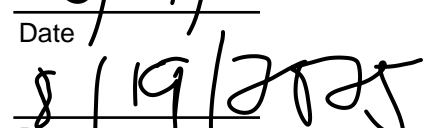
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #4. Expired on 6/10/2025.

41.(b)(8) - No current CPR/First Aid for CG #4. Expired on 9/17/2024.


Compliance Manager

Primary Care Giver


Date 8/19/2025

Date 8/19/2025