

Foster Family Home - Deficiency Report

Provider ID: 1-512229

Home Name: Odette Josue, NA

Review ID: 1-512229-17

1719 A Owawa Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 8/18/2025

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 8/18/25).

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;

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), (2)- CG#2's APS/CAN lapsed 8/2/25 and no current result was present and Ecrim lapsed on 9/5/24 and was not renewed until 7/27/25. HHM#1 and HHM#2's APS/CAN lapsed on 8/2/25 and no current results were present; eCRIM lapsed on 9/5/24 and was not renewed until 7/27/25. HHM#3's APS/CAN lapsed on 8/2/25 and no current result was present; Ecrim lapsed on 9/28/23 and was not renewed until 8/7/24. HHM#4's APS/CAN lapsed on 11/28/24 and no current result was present. Ecrim lapsed on 11/28/24 and was not renewed until 7/27/25.

Maribel Nakamine, RN
Compliance Manager
Odette A. Josue
Primary Care Giver

8/18/25
Date 8/18/25
Date