

# Foster Family Home - Deficiency Report

Provider ID: 1-563248

Home Name: Beatriz Rivera, CNA

Review ID: 1-563248-7

94-959 Kuakahi Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/7/2025

## 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 new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/7/25.

## 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) - No current APS/CAN and Fingerprints for HHM #1 and HHM #2.  
HHM #2 needs a current eCrim.

Sex Offender checks not filled out correctly for CG #2, CG #3, HHM #1, and HHM #2.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:



16.(b)(5) - Training on confidentiality policies and procedures and client privacy rights not done. Training form needs to be signed by all CG's and HHM's.

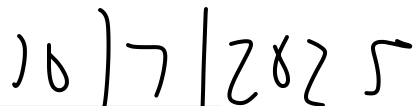
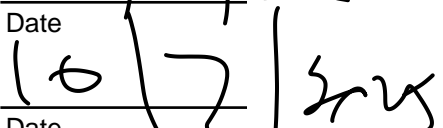
## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - Emergency management policies and procedures sheet not signed by all CG's.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date