

# Foster Family Home - Deficiency Report

Provider ID: 1-220025

Home Name: Claire Refuerzo, CNA

Review ID: 1-220025-9

1808B Beckley Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 2/3/2026

## 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 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 2/17/26.

## 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) - APS/CAN and eCrim expired on 11/26/2025 for CG #3. Not done until 1/15/2026.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

2/3/2026  
\_\_\_\_\_  
Date

2/3/2026  
\_\_\_\_\_  
Date

2/3/2026 1:17:00 PM