

# Foster Family Home - Deficiency Report

Provider ID: 2-200035

Home Name: Elisha Joy Tenorio, CNA

Review ID: 2-200035-12

18-7853 North Kulani Road

Reviewer: Po Lim

Mt. View HI 96771

Begin Date: 9/30/2025

## 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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 9/30/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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) Second Fingerprint/background was not present for CG#6.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night


(3P)(b)(4) Fire shall include testing of smoke detectors

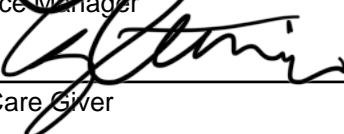
(3P)(b)(6) Fire shall include all SCGs at least once per year


Comment:

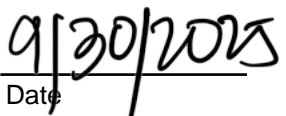
(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#4, #5, and #7 did not conduct a fire drill in the past 12 months.

  
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Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date