

Foster Family Home - Deficiency Report

Provider ID: 1-150003

Home Name: Emelita S. Laurente, CNA

Review ID: 1-150003-16

1703 Kamehameha IV Road

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 10/27/2025

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 annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 10/27/2025.)

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)-No sex offender checks present in binder for CG# 1, CG#2, CG#3 and HHM#1.

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

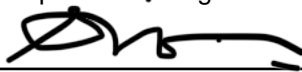
41.(a)(2) Be a NA, an LPN, or RN;

Comment:

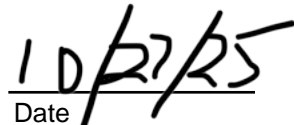
41.(a)(2)-No CNA registry checks present in binder for CG# 1 and CG#2



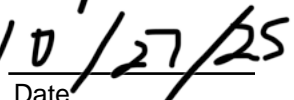
Compliance Manager



Primary Care Giver



Date



Date