

Foster Family Home - Deficiency Report

Provider ID: 1-110079

Home Name: Janet Bautista, NA

Review ID: 1-110079-20

91-853 Oama Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 9/8/2025

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 via email on 9/8/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

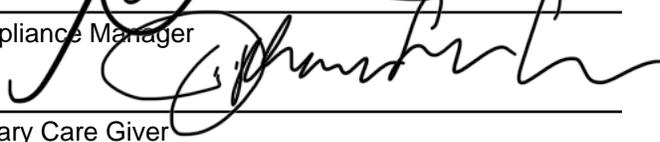
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

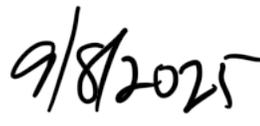
8.(a)(1) Second Fingerprint check is overdue for HHM# 2 and HHM#3.

8.(a)(1) Sex Offender check are not present for CG#3.



Compliance Manager


Primary Care Giver



Date


Date