

Foster Family Home - Deficiency Report

Provider ID: 2-250011

Home Name: Jayson Fisher, CNA

Review ID: 2-250011-3

16-1058 Moho Road

Reviewer: Po Lim

Kurtistown HI 96760

Begin Date: 2/26/2026

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced inspection made for a 2 bed CCFFH re-certification inspection.


Deficiency Report issued during CCFFH inspection via email on 2/26/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

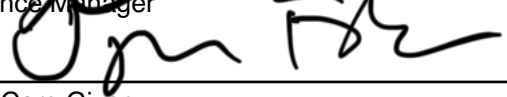
Foster Family Home Background Checks [11-800-8]

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


Comment:

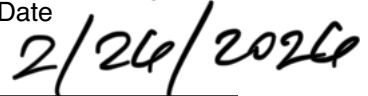
8.(a)(1) Second Fingerprint check was not present in CG#3 file.



Compliance Manager


Primary Care Giver



Date


Date