

# Foster Family Home - Deficiency Report

Provider ID: 2-160051

Home Name: Joenaly Solmerin, CNA

Review ID: 2-160051-16

16-1366 36th Avenue

Reviewer: Deborah Baumgart

Keaau

HI 96749

Begin Date: 9/25/2025

## 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 annual inspection.

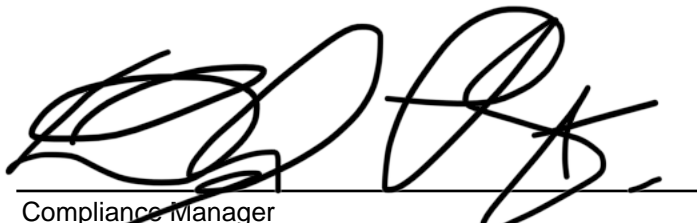
Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/25/2025)

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

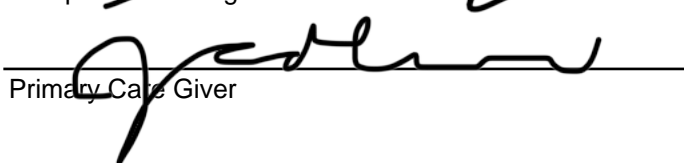
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)-CG#2 Ecrim lapsed 8/2/2025 and was done on 9/24/2025.



Compliance Manager



Primary Care Giver

9/25/25  
Date  
9/25/25  
Date