

Foster Family Home - Deficiency Report

Provider ID: 1-160055

Home Name: May Simeon, CNA

Review ID: 1-160055-18

94-687 Lahaole Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/8/2026

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

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

Comment:

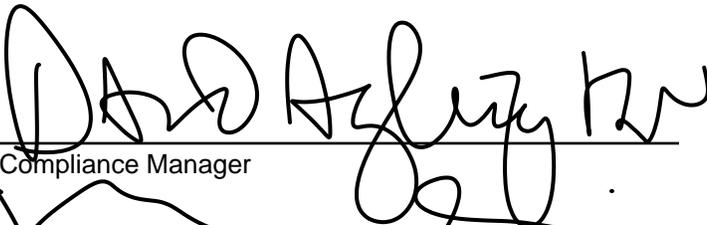
6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 2/8/26.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

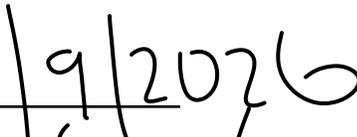
41.(b)(8) - CPR expired on 3/15/2025 for CG #2 and CG #3.



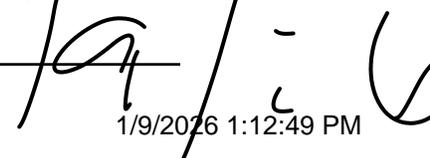
Compliance Manager



Primary Care Giver



Date 1/9/2026



Date 1/9/26

1/9/2026 1:12:49 PM