

Foster Family Home - Deficiency Report

Provider ID: 1-562571

Home Name: Yolanda de Vera, CNA

Review ID: 1-562571-18

1586 Moani Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 1/15/2026

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 1/29/26.

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) - Sex Offender check for CG #1, CG #2, and CG#3 needs to have address removed.

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

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(a)(2) - Prometric Verification Checks not done for CG #1 and CG #3.

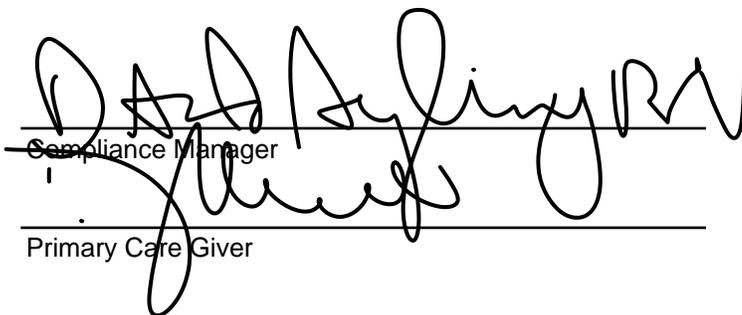
41.(b)(7) - TB clearance expired 1/8/2025 for CG #1 and CG #2. TB clearance expired 12/16/2025 for CG #3.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

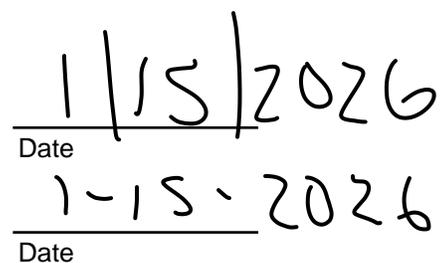
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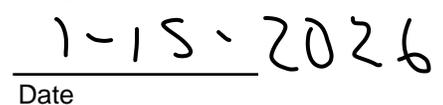
(3P)(b)(6) Fire - CG #3 did not lead a fire drill in the last 12 months.



Compliance Manager

Primary Care Giver



Date


Date