

Foster Family Home - Deficiency Report

Provider ID: 1-120031

Home Name: Estelita Batoon, CNA

Review ID: 1-120031-19

94-464 Kupuna Loop

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 10/6/2025

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/06/2025).

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:


8.(a)(2): Evidence of lapse of APS/CAN clearance for HHM#1. APS/CAN clearance was due by 10/26/2024 and completed 1/7/2025.


Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

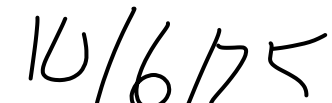
Comment:

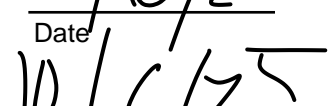
54.(c)(2): No signature by client/client's responsible party of current service plan for client #1 (dated 6/24/2025) and client #2 (dated 5/23/2025).



Compliance Manager


Primary Care Giver



Date


Date