

Foster Family Home - Deficiency Report

Provider ID: 1-559180

Home Name: Janet Sion, NA

Review ID: 1-559180-19

4222 Likini Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 3/19/2026

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 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 3/26/26.

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:


49.(a)(4) - Entry walkway to front door has boxes that partially block pathway.


Foster Family Home Client Rights [11-800-53]

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

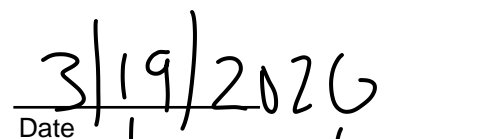
Comment:

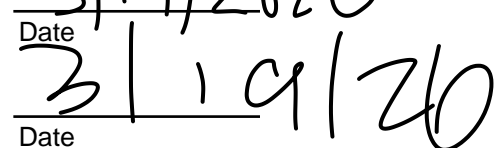
53.(b)(13) - CG #1 has personal belongings stored in client #2 bedroom.



Compliance Manager


Primary Care Giver



Date


Date