

Foster Family Home - Deficiency Report

Provider ID: 1-260003

Home Name: Joanne Jose, NA

Review ID: 1-260003-1

2668 Kalihi Street

Reviewer: Laurie Vosler

Honolulu

HI 96819

Begin Date: 2/4/2026

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

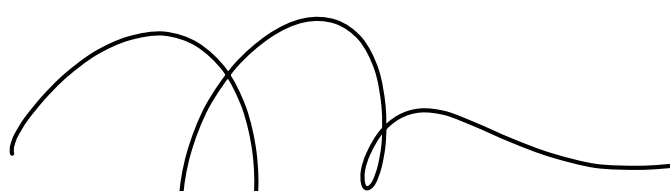
51.(a)(1) - NEW HOME APPLICATION, NO CLIENTS IN HOME. The CCFFH did not have evidence of a current liability insurance policy for the business.
NO PLAN OF CORRECTION NEEDED.

Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)1-3 were reviewed, no clients in home. New Application. NO PLAN OF CORRECTION NEEDED.



LPN

Compliance Manager

02/04/2026

Date

Primary Care Giver

02/04/2026

Date