

Foster Family Home - Deficiency Report

Provider ID: 4-230084

Home Name: Joelita Ucol, CNA

Review ID: 4-230084-6

17 Hoomoku Loop

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 10/27/2025

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

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

Comment:


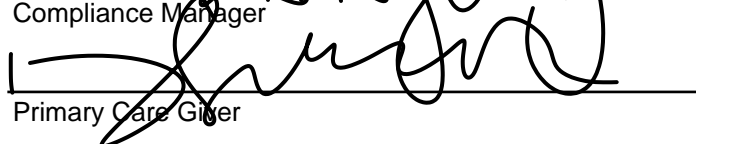
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/27/25. PCG requests to increase to a 3 client ccffh.

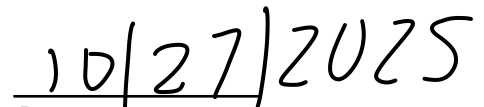
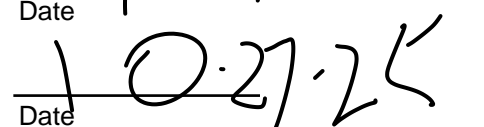
Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.(a)(2) - No current CNA verification from Prometric for CG #1.


Compliance Manager

Primary Care Giver


Date

Date