

# Foster Family Home - Deficiency Report

Provider ID: 1-250096

Home Name: Julienne Rafael, CNA

Review ID: 1-250096-1

94-567 Awamoi Street

Reviewer: Laurie Vosler

Waipahu HI 96797

Begin Date: 12/17/2025

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. Report issued during CCFFH inspection with written plan of correction due to CTA by 12/31/2025.

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

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG# 2.

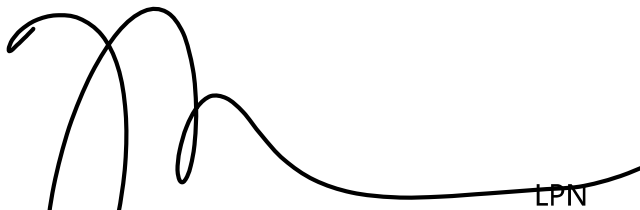
41.(f)(1) No current TB clearance for HHM# 1 & 2.


## 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.

  
\_\_\_\_\_  
LPN  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

12/17/2025  
Date

12/17/2025  
Date