

Foster Family Home - Deficiency Report

Provider ID: 1-180071

Home Name: Lily Ann Austria, CNA

Review ID: 1-180071-16

91-1022 Hooehilu Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 11/18/2025

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 visit made for a 2 bed re-certification inspection.


Deficiency Report issued during CCFFH inspection via email on 11/18/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

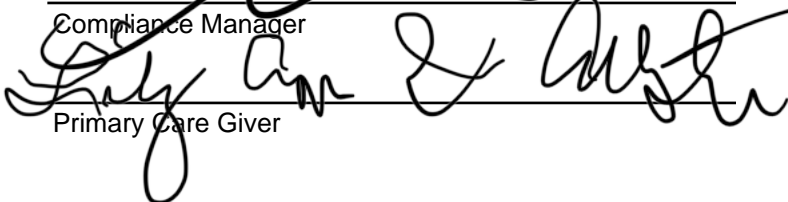
Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

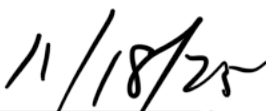
Comment:

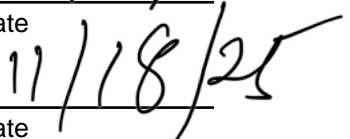
8.(a)(1) Second Fingerprint/ background check is overdue for CG#3, was due on/before 11/11/2025.



Compliance Manager


Primary Care Giver



Date


Date