

# Foster Family Home - Deficiency Report

Provider ID: 1-240011

Home Name: Phoebe Villarta, CNA

Review ID: 1-240011-5

92-564 Akaula Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 11/20/2025

## 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 11/20/2025 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;

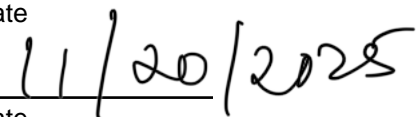
Comment:

8.(a)(1) Fingerprint was lapsed for CG#3. Fingerprint was due on or before 1/26/2025 and was completed on 6/4/2025.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date