

# Foster Family Home - Deficiency Report

Provider ID: 5-110046

Home Name: Shallee Erorita, CNA

Review ID: 5-110046-20

4011 Lawehana Street

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 3/10/2026

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. CCFFH currently has only 1 client. Deficiency Report issued during home inspection with written plan of correction due to CTA by 3/24/26.

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN expired on 6/15/2025 for HHM #2.

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

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

Comment:


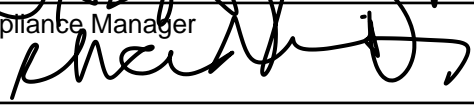
41.(a)(2) - No current Prometric verification check for CG #1.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - Fire drills conducted at least monthly under varied conditions and shall include the testing of smoke detectors. No Fire drills done since 6/2025.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

3/10/2026  
Date  
3/10/2026  
Date