

Foster Family Home - Deficiency Report

Provider ID: 1-560301

Home Name: Remedios Manuel, CNA

Review ID: 1-560301-19

94-450 Hamau Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/24/2026

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

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

Comment:

6(d)(1) Unannounced inspection for a 3 bed CCFFH annual re-certification.

Deficiency Report issued during CCFFH inspection via email on 4/24/2026 with Plan of Correction due to CTA within 10 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 check is overdue for HHM#3, #4, and #5, was due on/before 6/15/2023, and was not completed nor in file.

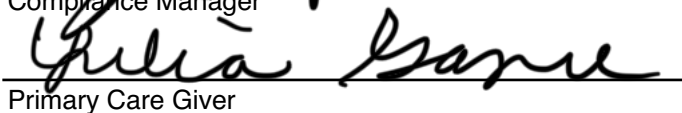
Foster Family Home Personnel and Staffing [11-800-41]

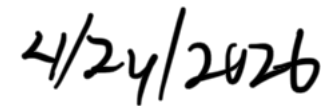
41.(a)(2) Be a NA, an LPN, or RN;

Comment:

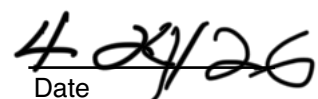
41(a)(2) CNA Prometric registry check are not present for CG#1 and #5.


Compliance Manager


Primary Care Giver


Date

Date


Date

Date