Foster Family Home - Deficiency Report

Provider ID:	**1-565096**		
Home Name:	**Emy Lee, CNA**	**Review ID:**	**1-565096-17**
94-428 Hamau Street		Reviewer:	Laurie Vosler
Waipahu HI 96797		Begin Date:	5/19/2026

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection.

42(a)(1) – Be certified by a physician as requiring nursing facility level of care. The Medicaid agency medical consultant shall certify the individual who is a participant in a federally funded medical program.

The CCFFH did not have evidence of a completed and signed/current 1147 on file for client # 1. The 1147 on file expired 02/06/2026.

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

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG# 3. CG# 3 TB clearance lapsed, was due on/before 11/22/2025 and was done on 10/22/2024.

LPN — 05/19/2026

Compliance Manager — Date

~~Primary~~ Care Giver — 05/19/2026

Substitute: Cherry Mae Dumpit, CNA — Date

5/19/2026 12:58:55 PM