Foster Family Home - Deficiency Report

Provider ID:	**1-260027**		
Home Name:	**Leizl Ann Morales, NA**	**Review ID:**	**1-260027-1**
94-313 Kahuawai st.		Reviewer:	Laurie Vosler
Waipahu HI 96797		Begin Date:	6/12/2026

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days.

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

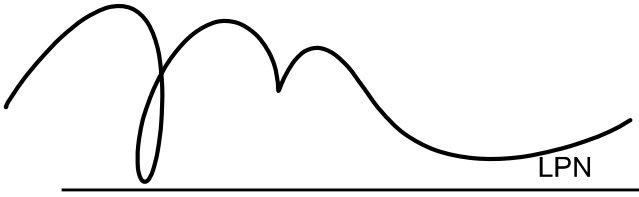
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance CG# 3 and CG# 4.
CG# 3 TB clearance lapsed, was due on/before 11/01/2025 and was done on 10/01/2024.
CG# 4 TB clearance lapsed, was due on/before 06/09/2026 and was done on 05/09/2025.

41.(f)(1) No TB clearance for HHM# 3 present in CCFFH binder.



LPN

Compliance Manager

06/12/2026
Date

Primary Care Giver

06/12/2026
Date