# Foster Family Home - Deficiency Report

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|---|---|---|---|
| **Provider ID:** | **1-587420** | | |
| **Home Name:** | **Lilibeth Quinones, CNA** | **Review ID:** | **1-587420-18** |
| 91-1152 Kaunolu Street | | Reviewer: | Ryan Nakamura |
| Ewa Beach HI 96706 | | Begin Date: | 5/20/2026 |

**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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 5/20/2026).

**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:

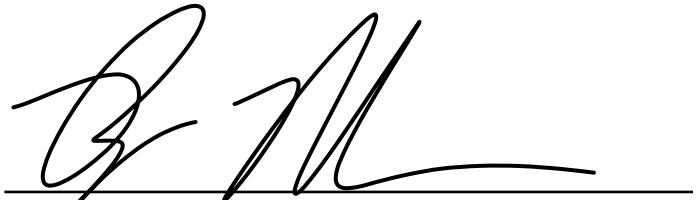
8.(a)(2): Evidence of lapse of APS/CAN clearance present in CCFFH records for CG#7. APS/CAN clearance was due by 4/15/2026 and completed 5/06/2026 for CG#7.

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

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence present in CCFFH records of CG#3 conducted a fire drill in the past 12 months.



Compliance Manager

5/20/26

Date

Primary Care Giver

5/20/26

Date



5/20/2026 12:12:53 PM