

Foster Family Home - Criteria Report

Provider ID: 1-611914

Home Name: Ligaya Badua

Review ID:

1917 Hani Lane

Reviewer: David Ayling

Honolulu

HI

967819

Begin Date: 12/5/2017

End Date: 12/5/17

Foster Family Home

Required Certificate

[17-1454-6]



6.(b)

Any person, agency, or organization that wants to operate a home as a community care foster family home to provide, for a fee, twenty-four-hour living accommodations, including personal care and homemaker services for adults who have nursing facility level of care needs and are not related to the person providing the care, shall obtain a certificate of approval from the department.

6.(d)

To be certified as a community care foster family home, a person, agency, or organization shall:



6.(d)(1)

Comply with all applicable requirements in this chapter, and



6.(d)(2)

Not have had a previous license or certificate to provide social or health care services that was revoked within twelve months of the current application for a certificate of approval, except that this restriction shall not apply if the revocation was successfully appealed.

Comment: Home visit for a 2 person CCFFH recertification review made on 12/5/17. Home is in compliance with all requirements at the time of the home visit. No corrective action required. Home will receive a 2 year 2 bed certification.

David A Ayling Rv

Compliance Manager

Ligaya Pardon PCG

Primary Care Giver

12/5/17

Date

12/5/17

Date