

Foster Family Home - Deficiency Report

Provider ID: 1-622490

Home Name: Josefa Badua, LPN

1840 Kamehameha IV Road

Honolulu

HI 96819

Review ID: 1-622490-13

Reviewer: David Ayling

Begin Date: 12/15/2021

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 1/15/22.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - eCrim expired on 8/14/2020 for CG #4. Renewed on 8/22/2020.

8.(a)(2) - APS/CAN expired on 8/16/2021 for CG #1. Renewed on 9/27/2021.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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

Comment:

41.(b)(8) - CPR/First Aid expired on 10/8/2021 for CG #3 and CG #7. CPR/First Aid done on the internet for CG #4.

41.(f)(1) - No current TB clearance for HHM #5. Expired 1/5/2020.

David Ayling RN
Compliance Manager

Josefa Badua
Primary Care Giver

12/15/2021
Date

12/15/2021
Date