

Foster Family Home - Deficiency Report

Provider ID: 1-210057

Home Name: Mawicelica Balisacan, NA

Review ID: 1-210057-3

94-941 Kuhaulua Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 5/2/2022

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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 6/2/22. (30 days from the date the CCFFH is given their deficiency report)

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 No previous or current fingerprint present for C ■■■

8.a.2 APS/CAN lapsed for CG#4 was due on/before ■■■ and was done ■■■

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.

Comment:

41.b.8 Bloodborne pathogen training not present for 2021 for C ■■■, most current was completed ■■■

Compliance Manager

Primary Care Giver

Date

Date