

Foster Family Home - Deficiency Report

Provider ID: 1-180003

Home Name: Donna Shane Bagay, NA

Review ID: 1-180003-10

91-1000 Aeae Street

Reviewer: Deborah Baumgart

Ewa Beach

HI 96706

Begin Date: 11/18/2022

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 annual inspection conducted. Deficiency report issued during CCFFH inspection with a written plan of correction due on 12/18/2022

Foster Family Home Background Checks [11-800-8]

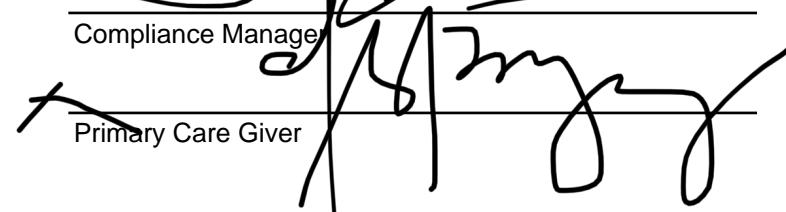
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

CG#1, CG#3 and CG#4 APS/CAN expired 2/1/2021 with no current results present



Compliance Manager



Primary Care Giver

11/18/22

Date

11/18/22

Date