Foster Family Home - Deficiency Report

Provider ID:	**1-090094**		
Home Name:	**Erlinda Ibus, CNA**	**Review ID:**	**1-090094-16**
94-321 Hilihua Way		Reviewer:	Deborah Baumgart
Waipahu HI 96797		Begin Date:	12/8/2022

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 plan of correction due on 01/08/2023

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)(2) CG #1 APS/CAN lapsed on 11/27/2022 eCrim lapsed on 11/2/2022 with no current results in binder. CG#2 eCrim lapsed on 12/5/2022 with no current results in binder.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

CG#2 TB clearance lapsed on 11/5/2022 with no current results present

Compliance Manager — Date 12/8/22

Primary Care Giver — Date 12/8/22