

# Foster Family Home - Deficiency Report

Provider ID: 1-611914

Home Name: Ligaya Badua, CNA

Review ID: 1-611914-15

1917 Hani Lane

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 11/25/2022

## 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 Plan of Correction due to CTA on 12/25/2022. (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. And 8.a.2. CG#1 lapsed on APS/ CAN, old expired on 10/16/2021 and renewed on 10/22/2021. CG#1, CG#2, and CG#3, lapsed on ECRIM. CG#1 and #2, old expired on 10/8/2022, renewed on 10/22/2021. CG#3, old expired on 9/23/2022 and renewed on 11/2/2022. HHM# 2 did not meet the 2 sets of APS/ CAN and Fingerprinting within a 12 months period.

## 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. CG#3 CPR/AED/First AID expired on 7/2/2022, no new present.

CG#1 BBP is missing. CG#2 and CG#3 BBP is expired on 6/1/2022, no new present.

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Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date