

Foster Family Home - Deficiency Report

Provider ID: 1-200065

Home Name: Rhea Joy Nabua, CNA

Review ID: 1-200065-7

91-146 Wailohia Place

Reviewer: Po Lim

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 inspection made for a 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 12/18/2022. (30 days from the date the CCFFH is given their deficiency report).

CCFFH is applying for increase from 2 beds to 3 beds.


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#2 and #3 (HHM#1) did not meet the 2 sets of APS/CAN/Fingerprints within 12 month period.



Compliance Manager



Primary Care Giver

11/18/2022
Date

11-18-2022
Date