

# Foster Family Home - Deficiency Report

Provider ID: 1-561101

Home Name: Shirly Layugan, CNA

Review ID: 1-561101-12

315 Circle Makai Street

Reviewer: Deborah Baumgart

Wahiawa

HI 96786

Begin Date: 11/16/2022

## 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 with a written plan of correction due on 12/16/2022

## 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;

Comment:

CG#2 and HHM#4 Ecrim lapsed with no current result present

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

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

Comment:

CG#3 TB Lapsed with no current results present



x. 

Compliance Manager

Primary Care Giver

11/16/22  
Date  
11/14/22  
Date