

# Foster Family Home - Deficiency Report

Provider ID: 1-559148

Home Name: Josephine Pascua, CNA

Review ID: 1-559148-17

94-423 Hokuwala Street

Reviewer: Deborah Baumgart

Mililiani HI 96789

Begin Date: 8/28/2023

## 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 visit made for a 2-bed

Deficiency report issued during CCFFH inspection with the Plan of Corrections due to CTA within 30 days of inspection (issued 08/28/2023)

## 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;

Comment:


8.(a)(1)-Ecrim lapsed for CG#1 on 11/07/2022 with no current results present

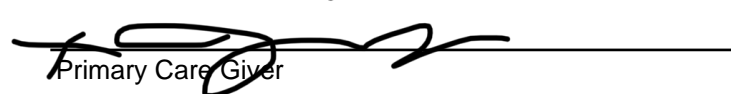
## Foster Family Home Personnel and Staffing [11-800-41]


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

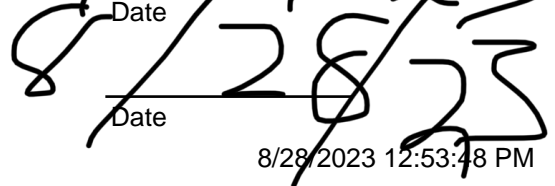
Comment:

41.(b)(7)-CG#1 TB clearance lapsed on 11/30/2022 with no current results present CG#3 TB clearance lapsed on 9/27/2022 with no current results present

  
\_\_\_\_\_  
Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date