

Foster Family Home - Deficiency Report

Provider ID: 1-190044

Home Name: Nina Myra Badua, CNA

Review ID: 1-190044-11

91-1542 Kuhiawaho Place

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 3/27/2024

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 3-bed annual inspection.

Deficiency report issued during CCFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued (3/27/24)

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/fingerprints lapsed on 10/12/23 and no current results were present. CG#3 APS/CAN/fingerprints lapsed on 12/1/2023 with no current results present

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

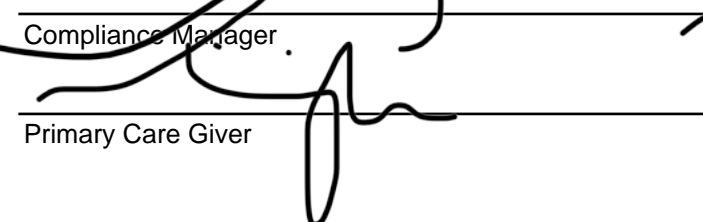
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

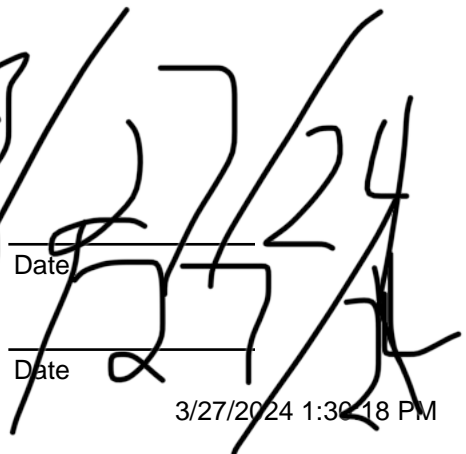
41.(b)(7)-CG#3 TB clearance lapsed on 10/6/2023 and no current result was present.



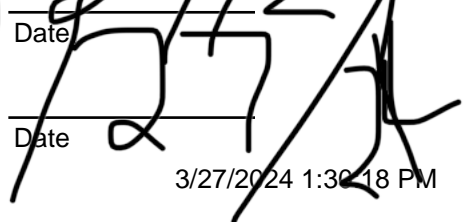
Compliance Manager



Primary Care Giver



Date



Date