## Foster Family Home - Deficiency Report

Provider ID: 1-170043

Home Name: Shirley Baldonado, CNA Review ID: 1-170043-12

94-1121 Kaloli Loop Reviewer: Po Lim

Waipahu HI 96797 Begin Date: 3/22/2024

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 2 bed re-certification inspection.

Client #1 is missing completed form 1147.

Client #2 is missing completed form 1147.

Deficiency Report issued during CCFFH inspection via email on 3/22/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family I	lome Background Checks	[11-800-8]
8.(a)(1)	Be subject to criminal history record checks in accordance wi	th section 846-2.7, HRS;
8.(c)	The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.	

Comment:

8.(a)(1)

Second Fingerprint check is overdue for CG#2, was due on/before 12/12/2023.

8(c) State Name Check (eCrim) was missing for CG#3 and CG#4. Not on file.

Foster Family	y Home Personnel and Staffing	[11-800-41]	
41.(c)	The primary caregiver shall attend twelve hours, a training annually which shall be approved by the caregiver shall maintain documentation.	lepartment as pertinent to the management a	and care of clients.

[44 000 44]

Comment:

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#3 and CG#4. CG#3 and CG#4 requires 8 hours of in-service training, but had only 4 hours attended in 2023.

Primary Care Giver

38/2029 Date/

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