

Foster Family Home - Deficiency Report

Provider ID: 4-180009

Home Name: Faina Borje, CNA

Review ID: 4-180009-15

120 Kealohilani Street

Reviewer: Po Lim

Kahului HI 96732

Begin Date: 2/2/2026

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 2/2/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

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)(2) APS/CAN checks were lapsed for CG#2. APS/CAN was due on or before 6/23/2025 and was completed on 9/14/2025.

8(c) State Name Check (eCrim) was lapsed for CG#2. State Name Check (eCrim) was due on or before 6/10/2025 and was completed on 8/20/2025.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CCFFH lapsed on current Bloodborne Pathogen/Infection control training for CG#2. It was due on/before 3/6/2025 and was completed open 9/1/2025.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

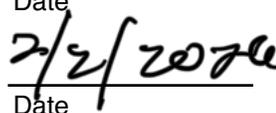
54(c)(2) No current signature of POA for service plan present for Client#1 and Client#2.



Compliance Manager


Primary Care Giver



Date


Date