

# Foster Family Home - Deficiency Report

Provider ID: 1-220091

Home Name: Mae Badua, CNA

Review ID: 1-220091-8

91-1307 Maliko Street

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 9/24/2025

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 9/24/2025)

6.(d)(1): No evidence present in CCFFH records of current 1147 assessment for client #2.

## 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): No evidence present in CCFFH records of sex offender registry search conducted for CG#2.

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

41.(a)(2) Be a NA, an LPN, or RN;

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

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA prometric registry check for CG#1, CG#2, and CG#4.

41.(b)(8): No evidence present in CCFFH records of current first aid/CPR training for CG#1 and CG#4. Training was due by 8/29/2025 for CG#1 and no prior training present for CG#4.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): No evidence present in CCFFH records of any fire drills conducted at different times of the day. All fire drills were conducted in the mornings.

46.(b)(2): No evidence present in CCFFH records of CG#2 conducted a fire drill in the past 12 months.

# Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(3)

Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No documentation present in client records of signed written consent of use of camera/monitor in client's bedroom for client #2 and client #3.

**3 Person Physical Environment**

**3 Person Physical Environment**

**(3P) Env.**

(3P)(a)(1) Env.

The two clients must consent to share the room

Comment:

(3P)(a)(1) Env.: No documentation present in client records of written agreement of living in shared bedroom for client #1 and client #2.

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 evidence present in client records of current service plan for client #2 and client #3. No prior service plan was present in CCFFH records for client #2 and last service plan present for client #3 was dated 7/30/2024

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

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

9/24/25  
\_\_\_\_\_  
Date

9/24/25  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Attn: Terri Van Houten

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Mae Badua


(PLEASE PRINT)

CCFFH Address: 91-1307 Maliko Street Ewa Beach Hi 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
6.(d)(1)	Client #2 obtained the 1147 from Case Management and place into client binder.	10/1/2025	Primary Caregiver will assure to check all documents needed by using CMA table contents. Pcg secure and must be done admission date.
8(a)(1)	CG #2 Obtained copy of sex offender and was place into Primary caregiver binder.	10/1/2025	Home will a checklist on the front page of Pcg binder to ensure that all necessary documents are complying and update.
41(a)(2)	CG #1, CG #2, CG #4 Established CNA prometric registry check copy was place into Primary caregiver binder.	09/27/2025	PCG will place Table contents front of PCG binder to obtain the requirements needed and must update annually.
41(a)(8)	CG #1, First Aide/CPR Take the Training. CG # 4,	09/24/2025	PCG will use phone calendar reminder a month before expired to obtain the requirements needed and must have copy on pcg binder & update annually.
46(a)	Primary caregiver binder trained all caregivers to practice AM, PM, or NOC different times each month.	10/1/2025	Home will use procedures requirements of conducting fire drill different times each month by checking previous month day and time. Must be AM, PM, EVENING.
46(b)(2)	CG #2 Conduct Fire drill and was place to Primary caregiver binder.	10/1/2025	Home will use reminder notes that in 12-month SCG must conduct fire drill alternate and checking last previous records who did conduct the fire drill.
49(b)(3)	Primary caregiver verbal and written a consent for client #2 and client #3. Copy of sign representative was place into each client's binder.	10/3/2025	Home will use check lists to ensure that consent was done approve by CMA, family/POA sign and place to binder before placing cameras/monitor client's room.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/22/2025

CTA has reviewed all corrected items

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Mae Badua

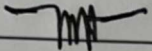
(PLEASE PRINT)

CCFFH Address: 91-1307 Maliko Street Ewa Beach HI 96706

(PLEASE PRINT)

(3P) (a)(1) Env.	Consent form sign by POA and Representative secure copy in each client's binder and pcg binder.	10/3/2025	PCG will use check lists to have all documents at time of admission. If applicable by sending to family through email before date of admission.
54(c)(2)	Client #2 and client #3 call Case Management to get the copy latest service plan. Pcg place into each client's binder.	10/1/2025	PCG will use check lists for client service plan at time of admission by having a checklist.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/22/2025

CTA has reviewed all corrected items