Foster Family Home - Deficiency Report

Provider ID:	**1-150046**		
Home Name:	**Lilia Basilio, CNA**	**Review ID:**	**1-150046-18**
94-116 Haaa Street		Reviewer:	Laurie Vosler
Waipahu HI 96797		Begin Date:	6/23/2026

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection.

42(a)(1) – Be certified by a physician as requiring nursing facility level of care. The Medicaid agency medical consultant shall certify the individual who is a participant in a federally funded medical program.

The CCFFH did not have evidence of a completed and signed/current 1147 on file for client # 1 & 2.

The 1147 on file for client # 1 was assessed 06/24/2024, no begin or end dates noted, form not completed, not reviewed or signed by MD (private pay client).

The 1147 on file for client # 2 expired 02/14/2026.

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) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for CG# 3.

LPN

Compliance Manager

06/23/2026
Date

Primary Care Giver

06/23/2026
Date