

# Foster Family Home - Deficiency Report

Provider ID: 1-563991

Home Name: Catalina Guzman, CNA

Review ID: 1-563991-11

94-556 Hiaku Place

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 9/27/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 10/27/2021. The issue of background check documentation will be handled under separate cover.

## 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

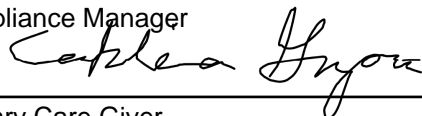
Comment:

8.(a)(2)

CG#1 and CG#3 APS/CAN 5/3/16 appear to have been altered as evidenced by variation in font size, text color, and alignment of date.



Compliance Manager



Primary Care Giver

9/27/2021

Date

9/27/2021

Date

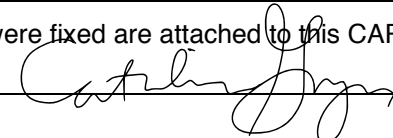
CTA RN Compliance Manager: Terri Van Houten

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Catalina Guzman

CCFFH Address: 94-556 Hiaku Place Waipahu, HI 96797  
(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?
8.(a) (2)	Unable to validate results from a previous year. Per fieldprint, "the information is available for 60 days. After 60 days, you will not be able to access your information."	9/29/21	PCG will print a physical copy and keep an electronic copy of results in computer.

All items that were fixed are attached to this CAP  
PCG's Signature:  Date: 9/29/21

CTA has reviewed all corrected items