

# Foster Family Home - Deficiency Report

Provider ID: 1-583238

Home Name: Elizabeth A. Etrata, CNA

Review ID: 1-583238-10

94-706 Kaaoki Place

Reviewer: Julie Hastings

Waipahu

HI 96797

Begin Date: 10/7/2021

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

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification  
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 11/8/2021.

## 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;

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

Comment:

8.(a)(1)  
CG#1 E-Crim lapsed. Did 4/10/19. Was due on or before 4/10/21. Did 6/20/21.

CG#6 ECrim lapsed. Was done 9/16/19. Was due on or before 9/6/21. Did 9/29/21.

HHM#2 only has 1 set of fingerprints dated 6/8/19. Was due again on or before 6/8/20. No new fingerprint

8.(a)(2) 5/6/21; not 6/6/21. sly

CG#5 APS/CAN lapsed. did 5/6/19. Was due on or before 6/6/21. Did 5/29/21

CG#6 APS/CAN lapsed. did 6/7/19. Was due on or before 6/7/21. Did 6/20/21

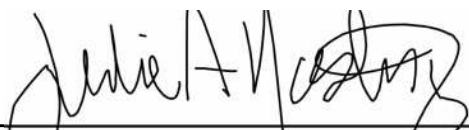
HHM#2 APS/CAN lapsed did on 6/8/19. Was due on or before 6/8/2020. Did on 8/18/20.

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


41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c)  
CG#4 had only 5 hours accepted training in 2020. There were forms that had no dates that were not accepted.

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

10/8/2021  
\_\_\_\_\_  
Date

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

10/8/2021  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: JULIE HASTINGS

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

PCG's Name on CCFFH Certificate: ELIZABETH A. ETRATA  
(PLEASE PRINT)

CCFFH Address: 94-706 KAAOKI 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)(1) CG # 1 CG # 6 HHM # 2	Lapse cannot be corrected Lapse cannot be corrected Lapse cannot be corrected Lapse cannot be corrected Finger print done	10/11/21 10/11/21 10/11/21 10/12/21	I will make sure to write all the due dates in the calendar & will check it everyday. To check all the due dates everyday.
8.(a)(2) CG # 5 CG # 6	Lapse cannot be corrected Lapse cannot be corrected	10/11/21 10/11/21	To make sure I'll check the calendar + due dates every day. Not to be confused w/ the every 2 yrs to renew.
41.(c) CG # 4	In Service Training w/ dates was obtained from CG # 4. It was placed in the Home Binder	10/9/21	To make sure to check the dates of the In service Certificates next time.

All items that were fixed are attached to this CAP

PCG's Signature: Elizabeth A. Etrata

Date: 10/13/2021

CTA has reviewed all corrected items