

Foster Family Home - Deficiency Report

Provider ID: 1-180070

Home Name: Helen Manzana, CNA

Review ID: 1-180070-6

94-691 Ka'aoki Place

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 9/20/2021

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 [REDACTED] by 10/30/2021.

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;

Comment:

8.(a)(1)

HHM#3 has no fingerprints in record



Compliance Manager



Primary Care Giver

9/20/2021

Date

9/20/2021

Date

CTA RN Compliance Manager: Terri Van Houten, RN, MSN ED

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

PCG's Name on CCFFH Certificate: Helen Manzana
(PLEASE PRINT)

CCFFH Address: 94-691 Ka'aoki Place, Waipahu, Hawaii 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)	Fingerprint appointment done dated September 21, 2021 at 11:20 am .	10/8/21	Home will make sure the correct requirements needed for the household members will do ahead of time and put in on file. Home will use a wall calendar for reminder.

All items that were fixed are attached to this CAP

PCG's Signature: Helen Manzana

Date: 10/13/21

CTA has reviewed all corrected items