

# Foster Family Home - Deficiency Report

Provider ID: 1-562430

Home Name: Feby Josue, CNA

94-288 Kahuanani Place

Waipahu

HI 96797

Review ID: 1-562430-11

Reviewer: David Ayling

Begin Date: 11/15/2021

## 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 for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 12/15/21.

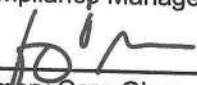
## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - eCrim not done for CG #1 and CG #2. Expired on 11/6/2021.

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

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

11/15/2021  
Date

11/15/21  
Date

CTA RN Compliance Manager: David Ayling RN

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

PCG's Name on CCFFH Certificate: FEBY A. JOSUE

CCFFH Address: 94-288 Kahuanani Pl. Waipahu, Hi.  
(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)	I recieved a current ecrim from CG #1 and CG #2. I placed the results in my CCFFH binder.	11/16/21	I have recieved the process to obtain an ecrim. I will obtain ecrim correctly to put in the binder.

All items that were fixed are attached to this CAP

PCG's Signature: Febby A. Josue

Date: 11/17/21

CTA has reviewed all corrected items