

Foster Family Home - Deficiency Report

Provider ID: 1-563123

Home Name: Jolly Orozco, CNA

94-1022 Kaloli Loop

Waipahu

HI 96797

Review ID: 1-563123-12

Reviewer: David Ayling

Begin Date: 12/15/2021

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. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

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

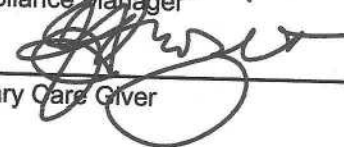
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN expired on 12/11/20 for CG #3. Renewed on 9/27/2021.



Compliance Manager



Primary Care Giver

12/15/2021
Date
12/15/21
Date

CTA RN Compliance Manager:

DAVID AYLTUB, RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

JOLLY G. OROZCO

(PLEASE PRINT)

CCFFH Address:

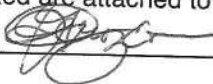
94-1022 KALOLI LOOP WAIKANAHI HI 96797

(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(9)(2)	I showed [REDACTED] a current APS/CAN for CG#3 on the day of my recertification	12/15/21	I put the expiration dates for APS/CAN for all caregivers on my iPhone calendar. I set the reminder for 1 month prior to expiration.

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: 12-15-2021

CTA has reviewed all corrected items