

# Foster Family Home - Deficiency Report

Provider ID: 1-521791

Home Name: Maricar Francisco, CNA

Review ID: 1-521791-9

94-728 Kumau Place

Reviewer: Julie Hastings

Waipahu

HI 96797

Begin Date: 11/23/2021

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

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

Comment:

6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 30 days.

## 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)  
HHM#4 only has one set of Fingerprints dated 7/28/17  
HHM#5 Only has one set of Fingerprints dated 10/20/21. no 2020

8.(a)(2)  
HHM#5 only has one APS/CAN dated 1/20/21. no 2020.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

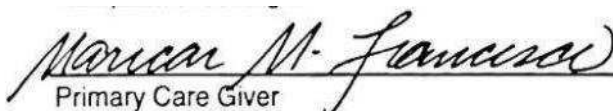
41.(f)(1)  
HHM#6 minor does not have TB clearance or declination form



Compliance Manager

11/23/2021

Date



Primary Care Giver

11-23-2021

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: Maricar Francisco  
(PLEASE PRINT)

CCFFH Address: 94-728 Kumau 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) 8.(a)(2)	Lapse cannot be corrected 2021 Fingerprints was obtained for HHM #4 and HHM #5 was placed into home record.	11/29/21	Home will use a spreadsheet on laptop to identify when requirement are due to prevent them from expiring. Background checks will be done 3 weeks before due date to prevent future lapses.
8.(a)(2)	Lapse cannot be corrected	11/29/21	Home will use a wall calendar to put all due dates on to prevent them from expiring. Background checks will be done 3 weeks before due date to prevent future lapses.
41.(f) (1)	2021 TB clearance was obtained for HHM #6. It was placed into home record.	11/29/21	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. PCG will inform other caregivers and household when an item is due 3 weeks before it is due.

All items that were fixed are attached to this CAP

PCG's Signature: Maricar M. Francisco

Date: 12-15-21

CTA has reviewed all corrected items