

# Foster Family Home - Deficiency Report

Provider ID: 1-210074

Home Name: Justine Manera, CNA

Review ID: 1-210074-4

5581-A Cormorant Avenue

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 7/12/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 8/12/2022. (30 days from the date the CCFFH is given their deficiency report).

Foster Family Home	Background Checks	[11-800-8]
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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 and 8.a.2 C ■ did not attain two set of APC, CAN and Fingerprints in a 12 months period.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

CTA RN Compliance Manager:

Po Lim RN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Justine Manera

(PLEASE PRINT)

CCFFH Address: 5581A WORMORANT AVE, ENA BEACH HI 96704

(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?
Q.1(a)(1) Q.1(a)(2)	Scheduled online for finger print	07/12/22 (Scheduled Fingerprint)	I will mark my calendar two months ahead and add a notification alert through my cell phone regarding upcoming updates on renewal documents. That way there will be no issues on expired documents.

☒ All items that were corrected are attached to this POCPCG's Signature: Justine ManeraDate: 07/14/2022☒ CTA has reviewed all corrected items