

Foster Family Home - Deficiency Report

Provider ID: 1-512261

Home Name: Trinidad Tumbaga, CNA

Review ID: 1-512261-11

91-993 Keoneae Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 7/8/2022

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

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 8/8/2022. (30 days from the date the CCFH is given their deficiency report).

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. And 8.a.2 C [REDACTED] did not meet the 12 months, two sets requirement for APS, CAN, and Fingerprints.

Compliance Manager

Primary Care Giver

7/8/22

Date

7/8/22

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: TRINIDAD TUMBAGA

CCFFH Address: 91-993 Komena Place Ewa Beach Hawaii 96706
(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)	Lapse has been corrected secured and obtained APS CAN and Fingerprints [redacted]	7/11/22	Will use a wall calendar to remind the due dates to prevent future lapses for the second fingerprinting next year.
8.(a)(2)	CC#4 I will inform CC [redacted] a three top top to identify when its due one month		

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 7/11/22

CTA has reviewed all corrected items

TEL- 685-4488
FAX 685-4488

ATTENTION:
TERRI VA HOUSTON RN