

Foster Family Home - Deficiency Report

Provider ID: 1-190020

Home Name: Bryan Dave Vicente, NA

Review ID: 1-190020-8

94-406 Opeha Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 12/13/2022

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual unannounced inspection made today. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 1/13/23.

Foster Family Home

Background Checks

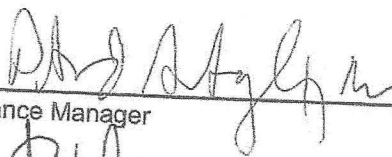
[11-800-8]

8.(a)(2)

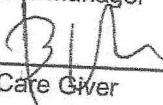
Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN expired on 9/21/2020 for CG #1. Obtained on 12/13/2022.



Compliance Manager



Primary Care Giver

12/13/2022
Date

12-13-22
Date

CTA RN Compliance Manager: David Ayling, RN

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

PCG's Name on CCFFH Certificate: Bryan Dave Vicente

(PLEASE PRINT)

CCFFH Address: 94-406 Opeha St. Waipahu 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(1)a(2)	I showed [redacted] current copy of APS/CAN for CG#1 on the day of my review.	12/13/22	I put the expiration date for APS/CAN for all CG's on my calendar. i will review everymonth.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/13/22

CTA has reviewed all corrected items