

Foster Family Home - Deficiency Report

Provider ID: 1-180031

Home Name: Clarita Manzano, NA

Review ID: 1-180031-9

3080 Kalihi Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 4/27/2023

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 visit made for a 2-bed annual inspection.

Deficiency report issued with a plan of correction due in 30 days (05/27/2023)

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;

Comment:

8.(a)(1) Ecrim lapsed on 7/28/2022 renewed on 04/27/2023 for HHM #2.



Compliance Manager

Primary Care Giver

4/27/23
Date
4/27/23
Date

CTA RN Compliance Manager:

Deborah Baumgart

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Clarita H. manzano

CCFFH Address:

3080 Kalili Street Hon. HI 96819
(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)(i)	Lapse cannot be corrected	4/27/23	CG#1 will use calendar + highlight pen to check expiration date that do not lapse

All items that were corrected are attached to this POC

PCG's Signature:

[Signature]

Date:

4/27/23

CTA has reviewed all corrected items