Foster Family Home - Deficiency Report

Provider ID: 1-512831

Home Name: Zenaida Miller, CNA Review ID: 1-512831-16

86-3005 Leihua Place Reviewer: Po Lim
Waianae HI 96792 Begin Date: 5/23/2023

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/23/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was overdue for CG# 1, CG#2 and HHM# 1. State Name Check (eCrim) was due on or before 3/4/2023 and is not present in the CCFFH file.

Compliance Manag

Primary Care Giver

5/23/23

Date

Date

Ро	Lim
Po	Lim

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

PCG's Name on CO	CFFH Certificate:	Zenaida Miller		
			(PLEASE PRINT)	
	86-3005 Laibua PI	Wajanaa HI 96792		

CCFFH Address: 86-3005 Leinua PL. Waianae, HI 96/92

(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(c)			

◆	All items that were correct	d are attached to this POC		
PCG's	Signature:	Terration make	Date:	5/28/23