

Foster Family Home - Deficiency Report

Provider ID: 1-190097

Home Name: Mary Grace M. Supan, CNA

Review ID: 1-190097-9

1743 Hoolaulea Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 10/26/2023

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 3-bed annual inspection.

Deficiency report issued during CCFFH inspection with a plan of correction due to CTA within 30 days of inspection (issued on 10/26/2023)

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:

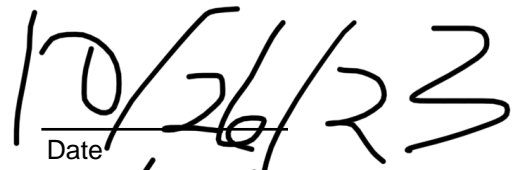
8.(a)(1)-CG#1 eCrim lapsed on 8/11/2022 and was done on October 26, 2023. CG#2,CG#3, and CG#4 eCrim lapsed on January 7, 2022, and was done on October 26, 2023.



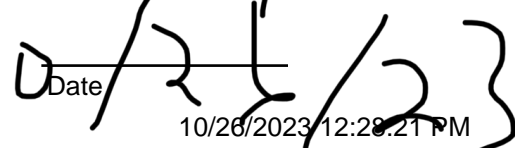
Compliance Manager



Primary Care Giver



Date



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: MARY GRACE M. SUPAN, CNA
(PLEASE PRINT)

CCFFH Address: 1743 HOOLAULEA ST., PEARL CITY, HI 96782
(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)	Lapses cannot be corrected.	10/26/23	Home Document Checklists will be created to monitor due dates and expiring documents for all Caregivers. Checklists will be place in the CCFFH binder for routine check to prevent future lapses.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/26/2023

CTA has reviewed all corrected items