## Foster Family Home - Deficiency Report

Provider ID: 1-200068

Home Name: Maryvic Dumlao, NA Review ID: 1-200068-7

98-878 Olena Street Reviewer: Deborah Baumgart

Aiea HI 96701 Begin Date: 9/14/2023

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 issue during CCFFH inspection with a plan of correction due to CTA within 30 days of inspection. (Issued on 9/14/23)

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)-CG#1 TB clearance lapsed on 8/2/2023 with no current results present . CG#9 TB lapsed on 4/17/2023 and was not done until 8/6/2023

Primary Care Giver

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Date

9/14/2023 1:22:10 PM

CTA RN Compliance Manager:

Deborah Baumgart

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

Chapter 11-800

PCG's Name on C	CFFH Certificate	: Mary	vic T	)umlao	al .		e <sup>s</sup>
CCFFH Address:		- 1	Street	Cila	Hi	94701	
	(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?
41.696)	lapse can't be corrected	9/18/23	Caregiar DI used my ipho cakendar to keep tract of
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			the experition date:
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A	All items that	were correc	ted are	attached to this POC			1
CG's	Signature:	1 ham	ric	attached to this POC	Date:	9/18	23
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CTA has reviewed all corrected items