

# Foster Family Home - Deficiency Report

Provider ID: 1-130037

Home Name: Vilma Penuliar, CNA

Review ID: 1-130037-14

644 Olive Avenue

Reviewer: Deborah Baumgart

Wahiawa

HI 96786

Begin Date: 11/22/2023

## 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 during CCFFH inspection with a plan of correction due to CTA within 30 days of inspection. (Issued on 11.22.2023)


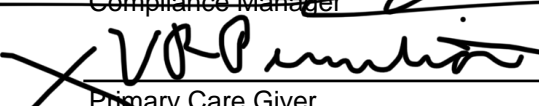
## Foster Family Home Background Checks [11-800-8]

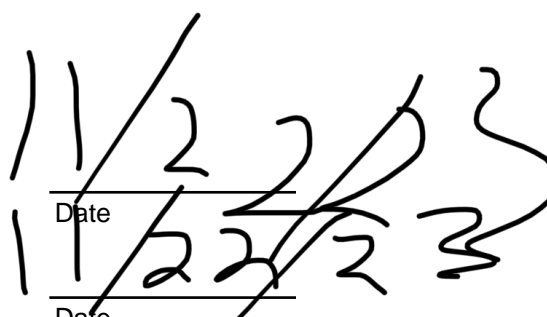
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2)-CG#3 APS/CAN lapsed on 6/20/23 and was completed on 11/15/2023. CG#4 APS/CAN lapsed on 6/10/2023 and was completed 11/15/2023. CG#3 and CG#4 eCrim lapsed on 5/20/2023 and was done on 11/5/2023.

  
\_\_\_\_\_  
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: Vilma Penuliar  
(PLEASE PRINT)

CCFFH Address: 644 Olive Avenue, Wahiawa HI 96786  
(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) (2)	Lapse cannot be corrected	11/22/23	CG#1 will use a checklist to keep track of all background checks and their expiration dates for all █ CG's.

All items that were corrected are attached to this POC

PCG's Signature: Vilma J Penuliar

Date: 11/22/2023

CTA has reviewed all corrected items