

Foster Family Home - Deficiency Report

Provider ID: 1-190020

Home Name: Bryan Dave Vicente, NA

Review ID: 1-190020-10

94-406 Opeha Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/7/2023

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 12.07.2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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

8.(a)(3) Provide consent for the department to obtain other criminal history record information for verification and information regarding adult protective service perpetrator status;

Comment:

8(a)(2) APS/CAN checks were lapsed for CG# 2.
APS/CAN was due on or before 4/22/2023 and was completed on 11/16/2023.

8(c) State Name Check (eCrim) was lapsed for CG#1. State Name Check (eCrim) was due on or before 6/13/2023 and was completed on 10/3/2023.

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) CCFFH did not have evidence of current TB clearance for CG# 2.



Compliance Manager


Primary Care Giver

12/07/2023

Date
12/07/2023

Date

CTA RN Compliance Manager: Po Lim, RN

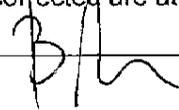
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Bryan Dave Vicente
(PLEASE PRINT)

CCFFH Address: 94-406 Opeha St. Waipahu Hi. 96797
(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)(2)	I showed [REDACTED] a current copy of APS/CAN for CG#2 on the day of my review.	11/16/23	i put the expiration date for APS/CAN for all CG's on my Cell Phone and Calendar. i will review everymonth.
8(a)(2)	I showed [REDACTED] a current copy of eCrim for CG#1 on the day of my review.	10/3/23	i put the expiration date for eCrim for all CG's on my Cell Phone and Calendar. i will review everymonth.
41.(b)(7)	TB Clearance was aquired for CG#2	1/3-24	i put the expiration date for TB Clearance for all CG's on my Cell Phone and Calendar. i will review everymonth.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1/3/2024

CTA has reviewed all corrected items