

Foster Family Home - Deficiency Report

Provider ID: 1-210013

Home Name: Mary Joy Tarape, CNA

Review ID: 1-210013-7

94-295 Kahuahele Street

Reviewer: Ryan Nakamua

Waipahu

HI

96797

Begin Date:

12/6/2023

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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days from inspection (inspection date: 12/06/2023)

Foster Family Home

Personnel and Staffing

[11-800-41]

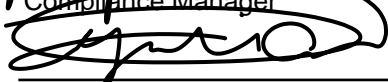
41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4): No evidence by CCFFH of CG#5 completing psychosocial assessment. No documents provided by CCFFH.



Compliance Manager



Primary Care Giver

12/1/23
Date
12/6/23
Date

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Mary Joy Tarape, CNA
(PLEASE PRINT)

CCFFH Address: 94-295 Kahuahele 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?
41.(b)(4)	CG # 1 obtained SCD form for CG # 5 with signature and placed on substitute CG chart.	12/30/23	CG # 1 will ensure to gather and provide necessary documents before any new substitute caregiver starts on duty. CG # 1 will use a note on CG chart.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/30/23

☒ CTA has reviewed all corrected items