

Foster Family Home - Deficiency Report

Provider ID: 1-100002

Home Name: Janet Sugui, CNA

Review ID: 1-100002-15

339 Iliwai Drive

Reviewer: Deborah Baumgart

Wahiawa

HI 96786

Begin Date: 1/22/2024

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. Plan of Correction due to CTA within 30 days of inspection.
(Issued 1/22/2024)

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)-HHM #1 Ecrim lapsed on 10/9/2023 with no current results present.



Compliance Manager



Primary Care Giver



Date

Date

CTA RN Compliance Manager: _____

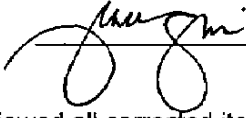
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Tam L. Sugi
(PLEASE PRINT).

CCFFH Address: 339 Iliwai Drive 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)	ECRIM record was done for HHM#1. It was placed into home record.	1/22/2024	Home will use a calendar in my computer desk to put all due dates to prevent any future lapses.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1/23/2024

CTA has reviewed all corrected items