

Foster Family Home - Deficiency Report

Provider ID: 1-210082

Home Name: Riahlynne R. Diaros, RN

Review ID: 1-210082-5

94-444 Kuahui Street

Reviewer: Deborah Baumgart

Waipahu

HI

96797

Begin Date: 12/12/2023

Foster Family Home	Required Certificate	[11-800-6]
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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 12/12/2023)


Foster Family Home	Background Checks	[11-800-8]
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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#1 and HHM#1 APS/CAN-fingerprints lapsed on 11/10/2023 with no current results present.
ECRIM. sly



Compliance Manager


Primary Care Giver

12/12/23

Date
12/12/23

Date
12/12/23 2:39:11 PM

CTA RN Compliance Manager:

Laborah Baumgart

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

PCG's Name on CCFFH Certificate:

Riahlyne Diaro

(PLEASE PRINT)

CCFFH Address:

94-444 Kuahni 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)(1)	CG1 Ecrim and HHM #1	11/5/2024	CG1 and HHM #1 use iPhone calendar
8(a)(2)	APS/CAN - CG1 HHM #1 Obtained current Ecrim and APS/CAN for Care giver 1 and HHM #1 results were filed to home binder	12/21/23	to schedule due dates Alert 2-3 months in advance to prevent future lapse

☒ All items that were corrected are attached to this POC

PCG's Signature:

R Diaro

Date: 1/19/2024

☐ CTA has reviewed all corrected items