

Foster Family Home - Deficiency Report

Provider ID: 1-513243

Home Name: Clemencia Bermejo, CNA

Review ID: 1-513243-14

94-930 Hiapo Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 4/19/2024

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 a Plan of Correction due to CTA within 30 days of inspection (issued 4/19/2024)

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)-CG#1, CG#2, and CG#3 TB clearance lapsed on 01/20/2024 and was not done until 2/9/2024.



Compliance Manager



Primary Care Giver

4/19/24
Date

4/19/24
Date

CTA RN Compliance Manager: Deborah Baumgart LPN

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

PCG's Name on CCFFH Certificate: Clemencia Bermejo
(PLEASE PRINT)

CCFFH Address: 94-930 Hiapo Street, 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)(7)	Lapse cannot be corrected	4/19/2024	CG#1 will use a wall calendar to keep track of expiration dates for all caregivers. Will schedule 1 month before expiration date to avoid future lapses.

All items that were corrected are attached to this POC

PCG's Signature: Clemencia C. Bermejo

Date: 4/19/2024

CTA has reviewed all corrected items