

Foster Family Home - Deficiency Report

Provider ID: 1-200028

Home Name: Rosalie Ordinado, CNA

Review ID: 1-200028-9

91-824 Kehue Street

Reviewer: Deborah Baumgart

Ewa Beach

HI 96706

Begin Date: 3/25/2024

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 (3/25/2024))

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;

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#3, HHM#1 and HHM#2 without the 2nd set of APS/CAN fingerprints.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Deborah Baumgart

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

PCG's Name on CCFFH Certificate: ROSALIE ORDINADO
(PLEASE PRINT)

CCFFH Address: 91-824 Kihue St. Kula Beach HI 96706
(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)(2)	CG#1 obtain APS/CAN Fingerprint for Gtr. caregiver # 3, his member # 1 and #2 filed on the CCFFH binder	4/3/2024	on a calendar/sticky notes make a reminder for every due documents. CG#1 will write expiration dates on calendar to avoid lapses.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 4/3/2024

CTA has reviewed all corrected items