

# Foster Family Home - Deficiency Report

Provider ID: 1-170027

Home Name: Roxanne Medrano, CNA

Review ID: 1-170027-14

94-830 Kumukula

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 2/26/2024

## 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 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with the plan of correction due to CTA within 30 days of inspection. (Issued on 2/26/2024)

## Foster Family Home Background Checks [11-800-8]

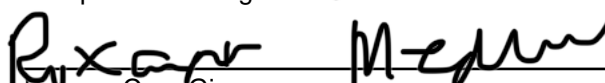
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)-CG# 2, CG# 3, and CG#5 Ecrim lapsed on 8/23/2023 and was done on 2/26/2024.



\_\_\_\_\_  
Compliance Manager



\_\_\_\_\_  
Primary Care Giver

2/26/24  
\_\_\_\_\_  
Date

2/26/24  
\_\_\_\_\_  
Date

1

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: Roxanne Medrano  
(PLEASE PRINT)

CCFFH Address: 94-830 Kumukula 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)	Lapse cannot be corrected	2-26-24	CG#1 will use iphone calendar and reminder to avoid future lapses for CG#2, CG#3 and CG#5. will schedule 1 month ahead of time before expiration.

All items that were corrected are attached to this POC

PCG's Signature: Roxanne Arguilla - Medrano

Date: 2-26-24

CTA has reviewed all corrected items