## Foster Family Home - Deficiency Report

Provider ID: 1-512352

Home Name: Trinidad Lameg, CNA Review ID: 1-512352-18

109 Kaniko Place Reviewer: Deborah Baumgart

Wahiawa HI 96786 Begin Date: 4/25/2024

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 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued 4/25/2024)

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)-CG#3 APS/CAN lapsed on 12/22/23 was not done until 1/19/24.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

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41.(b)(7)-CG#1 TB clearance lapsed 12/22/23 and was not done until 1/12/24

Compliance Managel

Primary Care Giver

A/25/2024 1:49:24 PM

## Deborah Baumgart

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

PCG's Name on CCFFH Certificate: Trinidad Lameg

(PLEASE PRINT)

109 Kaniko Place Wahiawa 96786 CCFFH Address:

(PLEASE PRINT)

8.(a)		was fixed	prevent each violation from happening again in the future?
(2)-CG#3	Lapse cannot be corrected	4-25-24	Mark all expiration date to prevent lapse in the future,
41.(b) (7)-CG#1	Lapse cannot be corrected	4-25-24	Mark all expiration date to prevent lapse in the future.

All items that were corr	ected are attached to this POC
PCG's Signature: Juny	ames ames

CTA has reviewed all corrected items