

Foster Family Home - Deficiency Report

Provider ID: 1-240048

Home Name: Desiree Sanchez, NA

Review ID: 1-240048-1

94-815 Kaaka Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 7/8/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/8/24.

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) - No first year APS/CAN and fingerprints for HHM #1.


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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

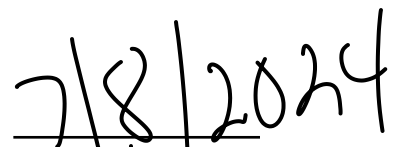
Comment:


41.(f)(1) - No current TB clearance for HHM #1.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: David Ayling, RN

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

PCG's Name on CCFFH Certificate: Desiree P. Sanchez
(PLEASE PRINT)

CCFFH Address: 94-815 Kaaka 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) (2)	I received a current APS/CAN, Fingerprint and TB from HHM#1.	7/27/24	I will make sure every new HHM has APS/CAN, Fingerprint and TB before they move in to my CCFFH.
4.(f)(1)	I placed the paper works in my CCFFH binder.		

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: JULY 27, 2024

CTA has reviewed all corrected items