

Foster Family Home - Deficiency Report

Provider ID: 2-110065

Home Name: Marilyn Foster, CNA

Review ID: 2-110065-25

81-2056 Haku-Nui

Reviewer: David Ayling

Captain Cook HI 96704

Begin Date: 7/10/2024

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

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

Comment:

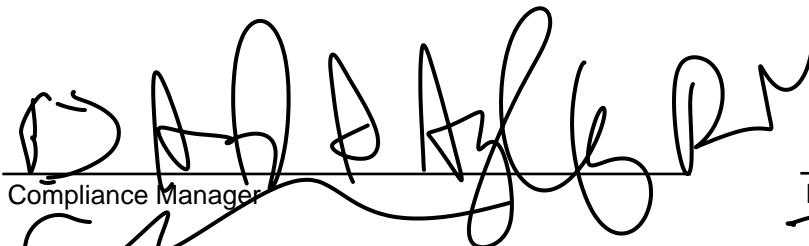
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/10/24.

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

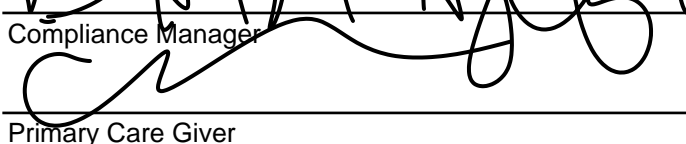
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN expired on 9/8/2023 for CG #1 and CG #3. No current APS/CAN in ccffh binder for CG #1 and CG #3.



Compliance Manager



Primary Care Giver

Date 7/10/24

Date 7-10-24

CTA RN Compliance Manager: DAVE AYLING, RN

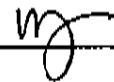
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Marilyn D. Foster
(PLEASE PRINT)

CCFFH Address: 81-2056 Haku-Nui Rd Captain, Cook HI 96704
(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)(2) | APS/CAN expired on 9/8/2023 for CG #1 and CG #3. No current APS/CAN in CCFFH binder for CG #1 and CG #3 | 7/31/24 | Home will use a calendar to put all due dates on. Backgrounds, checks will be done at least done on a monthly basis. |

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7/31/24

CTA has reviewed all corrected items