

Foster Family Home - Deficiency Report

Provider ID: 1-559346

Home Name: Marina Gamatero, CNA

Review ID: 1-559346-17

94-095 Hulahe Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/30/2024

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 7/30/2024)

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

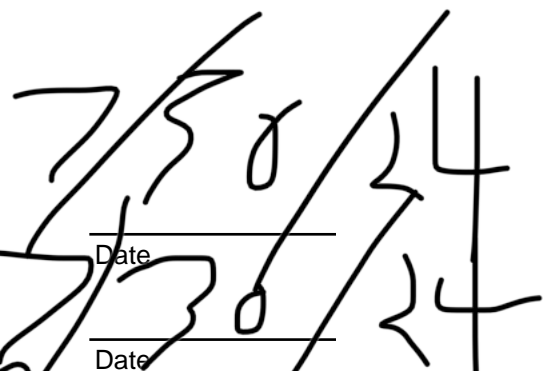
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)-GG#2 APS/CAN lapsed on 2/9/2024 and was done on 2/27/2024.



Compliance Manager



Date

Primary Care Giver

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: MARINA A. GAMATERO

(PLEASE PRINT)

CCFFH Address: 94-095 Hulahe Street, 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)(2)	CG#2 obtained APS/CAN lapsed. Result was filed in CCFFH binder.	2/27/2024	CG#1 will utilize an Iphone calendar to schedule 2 months in advance of due dates, PCG will inform other caregivers when an item is due 2weeks before due date.

All items that were corrected are attached to this POC

PCG's Signature: _____

Marina Gamatero

Date: 08/01/2024

CTA has reviewed all corrected items