

Foster Family Home - Deficiency Report

Provider ID: 1-636053

Home Name: Roselle Catamping, CNA

Review ID: 1-636053-16

94 -1041 Kaaholo Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 8/23/2024

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 CCFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued 8/23/2024)


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;

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)-CG#2 APS/CAN fingerprints lapsed 7/7/2024 and was done 7/16/2024



Compliance Manager


Primary Care Giver



Date


Date
8/23/2024 12:19:23 PM

CTA RN Compliance Manager:

Deborah Baumgart LPN

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Roselle Catamping
(PLEASE PRINT)

CCFFH Address:

94-10211 Kaaholo St. Waiyahn 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?
S. (a) (1) (2)	lapse cannot be corrected	8/23/21	Caregiver #1 use a wall calendar to keep track of all expiration dates and will schedule a month before

All items that were corrected are attached to this POC

PCG's Signature:

rcatamping

Date:

8/23/21

CTA has reviewed all corrected items