

Foster Family Home - Deficiency Report

Provider ID: 2-160091

Home Name: Jojie Cabutaje, CNA

Review ID: 2-160091-13

2177 A Awapuhi Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 8/8/2024

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/8/24.

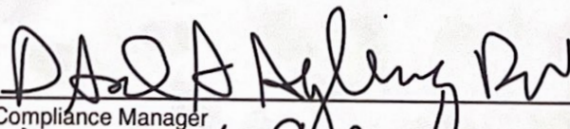
Foster Family Home Background Checks [11-800-8]

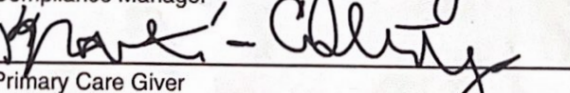
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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) - APS/CAN expired on 2/9/2024 for CG #3. eCrim expired on 5/5/2024 for CG #3.


Compliance Manager


Primary Care Giver

Date

8/8/2024

Date

8-8-2024

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: JOJIE CABUTAJE

CCFFH Address: 2177 A AWAPUHI ST. HILO, HI 96720
(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 from CG#3. I placed the results in my CCFFH binder		I put the expiration dates for APS/CAN and fingerprints for all CG's on my I phone calendar I set the results for 1 month prior the expiration.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2-21-2024

CTA has reviewed all corrected items