

Foster Family Home - Deficiency Report

Provider ID: 1-240041

Home Name: Ana Liza Marasigan, NA

Review ID: 1-240041-1

94-947 Awanani Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/11/2024

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 7/11/24.

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:

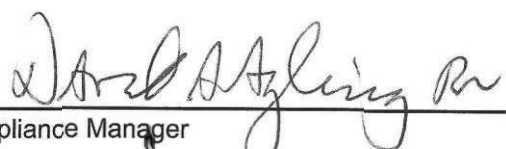
8.(a)(1)(2) - No 1st year APS/CAN and fingerprints for HHM #2.

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

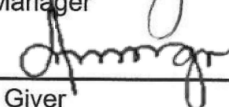
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current CPR/First Aid certification for CG #1.



Compliance Manager



Primary Care Giver

6/11/2024
Date

06/13/2024

Date

CTA RN Compliance Manager: David Ayling

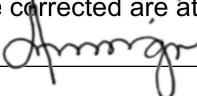
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Ana Liza Marasigan
(PLEASE PRINT)

CCFFH Address: 94-947 Awanani 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?
8a(1)(2)	I received a current APS/CAN and fingerprint from T [REDACTED] (SCG)	6/18/24	I will make sure everyone have current APS/CAN and fingerprint
8a(1)(2)	I received a current APS/CAN and fingerprint from [REDACTED] one of the household member. I placed the results in my CCFFH Binder.	6/15/24	I will make sure all HHM have current APS/CAN and fingerprints when moving into mg CCFFH.
41(b)(8)	I received a current CPR/First Aid certification from an approved school for myself, [REDACTED]	6/20/24	I will only accept CPR/First Aid from approved schools for all caregivers.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 6/18/24

CTA has reviewed all corrected items