

Foster Family Home - Deficiency Report

Provider ID: 1-170091

Home Name: Marianne Cacatian, CNA

Review ID: 1-170091-13

2421 Notley Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 10/22/2024

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 2-bed annual inspection.

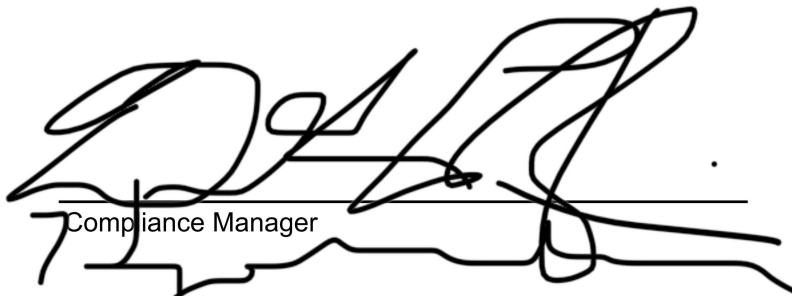
Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued 10/22/2024)

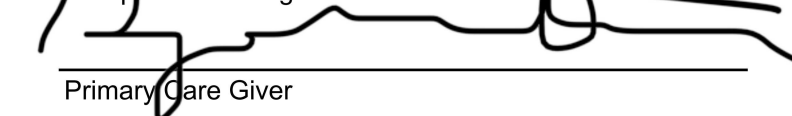
Foster Family Home Background Checks [11-800-8]

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

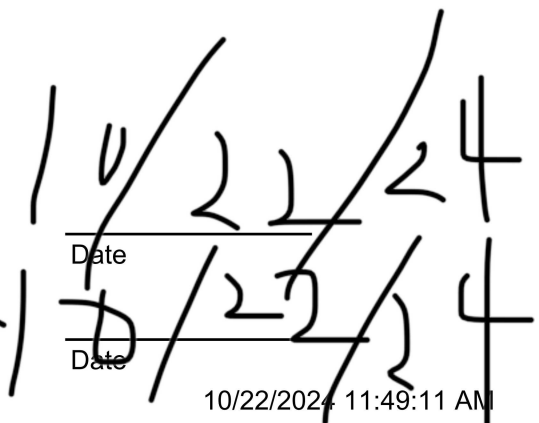
Comment:

8.(a)(2)-CG#2 APS/ CAN lapsed 11/1/2023 and was done 11/14/2023. CG#3 and HHM#3 APS/CAN lapsed 11/10/2023 and was done 11/14/2023.



Compliance Manager


Primary Care Giver



Date

Date
10/22/2024 11:49:11 AM

CTA RN Compliance Manager: DEBORAH BAUNIGART

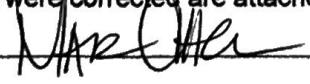
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: MARIANNE CACATIAN
(PLEASE PRINT)

CCFFH Address: 2421 NOTLEY ST. HONOLULU HI 96819
(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)	LAPSE CAN NOT BE CORRECTED	10-22-24	WILL USE CALENDAR TO KEEP TRACK OF EXPIRATION DATES. PCG WILL SCHEDULE 2 WEEKS BEFORE EXPIRATION DATE.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10-22-24

CTA has reviewed all corrected items