

Foster Family Home - Deficiency Report

Provider ID: 1-180061

Home Name: Yvette Dimaya, CNA

Review ID: 1-180061-13

91-1010 Niolo Street

Reviewer: Deborah Baumgart

Ewa Beach

HI 96706

Begin Date: 10/23/2024

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 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.
(Issued 10/23/2024)

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

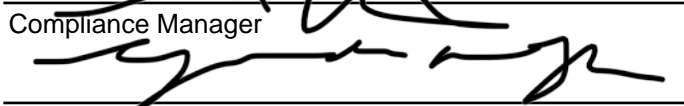
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)-CG#2 APS/CAN lapsed 12/3/23 and was done 12/21/23. HHM #1 APS/CAN lapsed 12/3/23 and was done 1/3/24.



Compliance Manager



Primary Care Giver

10/23/24

Date
10/23/24

Date
10/23/2024 2:15:03 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:

YVETTE N. DIMAYA

(PLEASE PRINT)

CCFFH Address:

91-1010 NILOLO ST. EWA BEACH HI 96706

(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)	Laps cannot be corrected	10-23-24	CG 1 Will use my phone calendar or sticky notes to remember the expiration date. Will schedule two weeks in advance.

All items that were corrected are attached to this POC

PCG's Signature:

Yvette N. Dimaya

Date:

10-23-2024

CTA has reviewed all corrected items