

Foster Family Home - Deficiency Report

Provider ID: 1-240059

Home Name: EderInda Reyes, CNA

Review ID: 1-240059-1

1544 Mahie Place

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 8/19/2024

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 9/19/24.

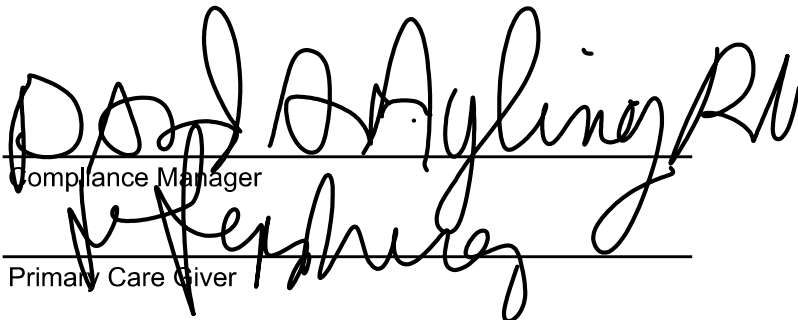
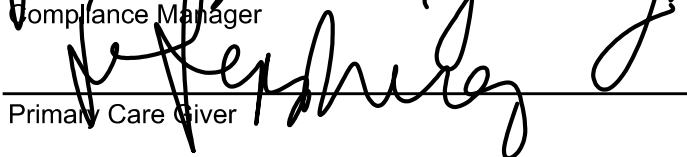
Foster Family Home Background Checks [11-800-8]

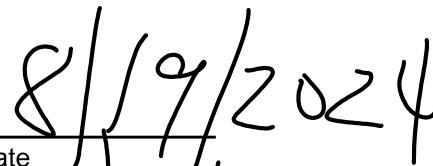
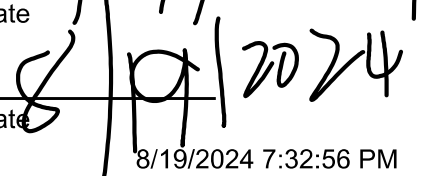
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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 first year APS/CAN and fingerprints for HHM:1.


Compliance Manager

Primary Care Giver


Date 8/19/2024

Date 8/19/2024

CTA RN Compliance Manager: David Ayling, RN

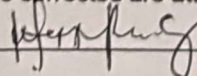
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Ederlinda Reyes
(PLEASE PRINT)

CCFFH Address: 1544 Mahie Pl, Honolulu, HI 96818
(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) 8.(a)(2)	I received the current Fitness Determination containing APS, CAN & Fingerprints for HHM #1 on 8/19/2024. I placed the report in my CCFFH binder.	8/19/2024	I added the expiration date for APS, CAN & Fingerprints for all caregivers and HHM's into my Apple/iPhone calendar and set a reminder 1 month prior to expiration.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 8/19/2024

CTA has reviewed all corrected items