

Foster Family Home - Deficiency Report

Provider ID: 1-240028

Home Name: Geraldine Flores, NA

Review ID: 1-240028-1

99-505 Aliipoe Drive

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 4/29/2024

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 5/29/24.

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 current APS/CAN and fingerprints for CG #2.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(5) - No coverage amounts for Bodily Injury or Property damage on Auto Insurance Invoice for CG #1.

41.(b)(7) - No current TB clearance for CG #2 in ccffh binder.

41.(b)(8) - No current Blood Borne Pathogen certification for CG #2 in ccffh binder.

David A. Ayling RN 4/29/2024
Compliance Manager Date
Geraldine V. Flores 4/29/2024
Primary Care Giver Date


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: Geraldine V Flores
(PLEASE PRINT)

CCFFH Address: 99-505 Aliipoe Dr Aiea Hi 96701
(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) 41(b)(7) 41(b)(8) 41(b)(5)	I received current APS/CAN and fingerprint, and TB and Bloodborne Pathogen certification from caregiver #2 I put the results in my CCFFH binder I received a complete Auto insurance invoice with all coverage amount listed. I put it in my CCFFH binder.	5/2024 5/2024	I made a list of the expiration date for APS/CAN, Field print, TB & Bloodborne Pathogen for all caregivers. I put the list on my desk calendar. I will check it every month

All items that were corrected are  this POC

PCG's Signature: 

Date: 6/9/2024

CTA has reviewed all corrected items