

Foster Family Home - Deficiency Report

Provider ID: 1-240044

Home Name: Jamaica Viernes, NA

Review ID: 1-240044-1

98-351 Ponokiwila Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 6/26/2024

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 7/26/24.

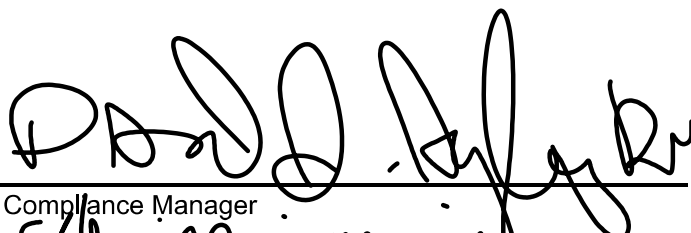
Foster Family Home Background Checks [11-800-8]

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 HHM #2.




Compliance Manager



Primary Care Giver



Date



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: JAMAICA VIERNES, NA
(PLEASE PRINT)

CCFFH Address: 98-351 PONOKIWILA STREET 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)	I have sent HHM #2 to collect APS/CAN and fingerprint through fieldprint immediately.	07.10.2024	I will be using the table of content provided by comties to follow; and to make sure all documents required are submmited.

All items that were corrected are attached to this POC

PCG's Signature: *Jamez...*

Date: 07.10.2024

CTA has reviewed all corrected items