

# Foster Family Home - Deficiency Report

Provider ID: 5-240008

Home Name: Jennifer Cezar-Oligo, CNA

Review ID: 5-240008-1

8900 Kekaha Road

Reviewer: Maribel Nakamine

Kekaha

HI 96752

Begin Date: 2/12/2024

## 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.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days.

## 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)- HHM#1 without any result of APS/CAN/Fingerprinting.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for HHM#1.

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

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

Comment:

41.(b)(7)- CG#1's current TB clearance without an MD, APRN, or Physician Assistant's signature.

## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH without a current General Liability insurance policy.

*Maribel Nakamine, RW* 2/12/24

Compliance Manager

Date

*Jennifer Cezar-Oligo*  
Primary Care Giver

Date

2/12/24

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Jennifer Cezar-Olivo

(PLEASE PRINT)

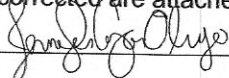
CCFFH Address: 8900 Kekaha Rd, Kekaha, Hi 96752

(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	2024 Background check was obtained for HHM#1. It is placed into home record.	2/12/24	Home will use a calendar to put all due dates on. Background checks will be done at least 4 weeks before due date to prevent future lapses.
16.b.5	Current training for confidentiality policies and procedures and client privacy rights provided to employees and adults in home.	2/23/24	Home will ensure all new employees and adults in home with current trainings and use calendar with all due dates to prevent future lapses.
41.b.7	2024 TB clearance was obtained with MD signature for CG#1. It is placed into home record.	2/14/24	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring and with MD, APRN, or Physician Assistant's signature. CG#1 will inform other caregivers when an item is due 4 weeks before it is due.
51.a.1	Obtained New General Liability Insurance policy.	3/4/24	Home will use a calendar to put all due dates on to prevent future lapses.

All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_



Date: 3/12/2024

CTA has reviewed all corrected items