

Foster Family Home - Deficiency Report

Provider ID: 2-240055

Home Name: Juliet Douglas, NA

Review ID: 2-240055-1

15-1745 6th Avenue

Reviewer: David Ayling

Kea'au

HI 96749

Begin Date: 8/8/2024

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 9/8/24.

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

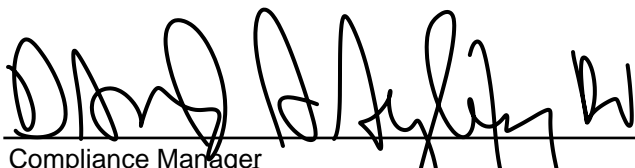
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

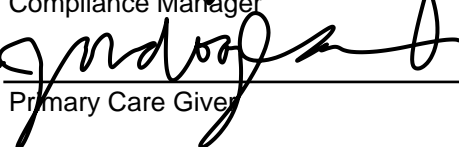
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

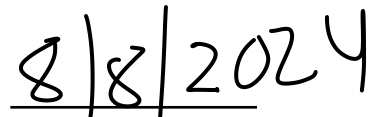
Comment:

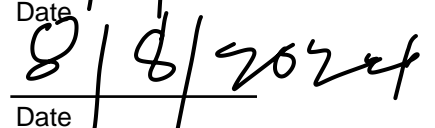
8.(a)(1)(2) - No first year APS/CAN and fingerprints for CG #2 and HHM #1

1


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager: David Ayling, RN

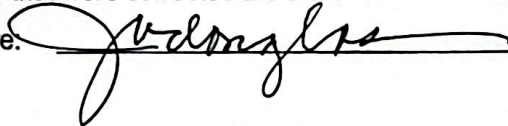
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Juliet Douglas
(PLEASE PRINT)

CCFFH Address: 15-1745 6th Avenue Keaan HI 96749
(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) (2)	I received current APS/CAN and fingerprints from CG #2 and H#M #1. I placed the results in my CCFFH binder.		I placed the expiration dates for APS/CAN and Fingerprints for all CG's and H#M's on my cellphone calendar. I set the reminder for 1 month prior to expiration.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 8/22/2024

CTA has reviewed all corrected items