

# Foster Family Home - Deficiency Report

Provider ID: 1-559057

Home Name: Julieta Cambe, CNA

Review ID: 1-559057-18

94-482 Alapine Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 11/7/2024

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/7/2024).

## Foster Family Home Records [11-800-54]

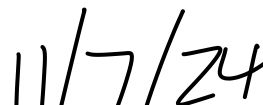
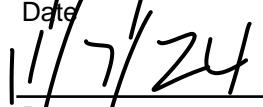
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2): No documentation provided by CCFFH of client #3's current service plan. Service plan was due by 7/2024. CCFFH attempted to obtain service plan from client's Case management agency but case management was unable to provide service plan at time of inspection.

  
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Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date