

Foster Family Home - Deficiency Report

Provider ID: 5-240027

Home Name: Ronald Tarriga, CNA

Review ID: 5-240027-1

2740 Pikake Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 5/6/2024

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 and HHM#2 without any results of APS/CAN/Fingerprint.

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

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.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)- No TB clearance result present for CG#1.

41.(b)(8)- No Basic First Aid certification present for CG#1.

41.(f)(1)- No TB clearances result present for HHM#1, HHM#2, and HHM#3.

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

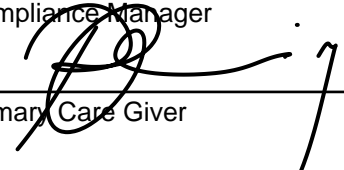
51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH without a general liability insurance policy present.



Compliance Manager


Primary Care Giver

5/6/24
Date

5/6/24
Date

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

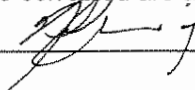
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Ronald Tarriga
(PLEASE PRINT)

CCFFH Address: 2740 Pikake Street Lihue HI 96766
(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)	Criminal history record and adult protective service perpetration checks for household #1 and household #2 were obtained and deemed fit. Copy of results placed into home record.	5/16/24	Will review and follow the HAR requirements for all caregivers and adult household members. Will delegate a calendar for all upcoming appointments/events to be hung on the wall for easy visibility and/or as a reminder.
41.(b)(7)	A TB clearance for PCG was obtained. It was placed into home record.	5/8/24	Foster home will delegate a calendar for all upcoming appointments/events to be hung on the wall for easy visibility and/or as a reminder.
41.(b)(8)	Basic first aid certification for PCG was obtained. It was placed into home record.	5/7/24	Foster home will delegate a calendar for all upcoming appointments/events to be hung on the wall for easy visibility and/or as a reminder.
41.(f)(1)	A TB risk assessment and symptoms screen for household #1 and household #2 (5/8/24) and a TB skin test for minor household #3(5/15/24) was obtained. It was placed into home record.	5/8/24 5/15/24	Foster home will delegate a calendar for all upcoming appointments/events to be hung on the wall for easy visibility and/or as a reminder.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 05-20-2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

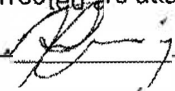
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Ronald Tarriga
(PLEASE PRINT)

CCFFH Address: 2740 Pikake Street Lihue Hi 96766
(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?
51.(a)(1)	A 6 months Liability Insurance Policy for CCFFH was purchased 5/14/24 and will be effective thru 11/30/24. It was placed in the home record.	5/14/24	A date will be marked on the calendar posted on the wall as a reminder for policy renewal.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 05-20-2024

X CTA has reviewed all corrected items