

Foster Family Home - Deficiency Report

Provider ID: 1-200007

Home Name: Roshelle Matias, CNA

Review ID: 1-200007-11

608 Kulia Street

Reviewer: Deborah Baumgart

Wahiawa

HI 96786

Begin Date: 11/12/2024

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

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

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued 11/12/2024)


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

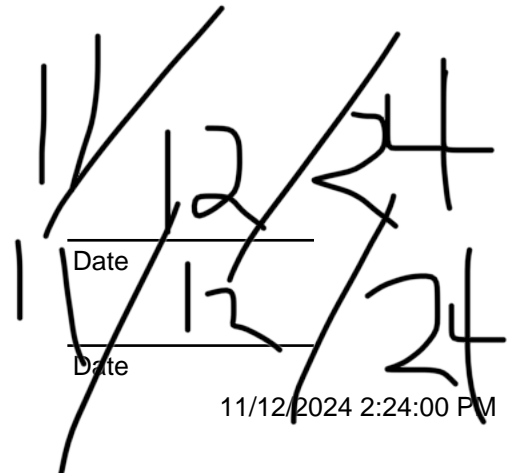
Comment:

8.(a)(1)(2)-CG# 2 Ecrim lapsed 4/25/2024 and was done on 5/14/2024. CG# 2 APS/CAN lapsed on 5/5/2024 and was done on 5/28/2024.



Compliance Manager

Primary Care Giver



Date

Date
11/12/2024 2:24:00 PM

CTA RN Compliance Manager:

Deborah Baumgart LPN

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

PCG's Name on CCFFH Certificate:

Rosbelle Matias

(PLEASE PRINT)

CCFFH Address:

1008 Kuleia St., Wahiawa, HI 96786

(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)	Lapse cannot be corrected	11/27/24	Home will make sure to use calendar one month ahead to track the expiration of APB/Exam for all the S&SCG's.

All items that were corrected are attached to this POC

PCG's Signature:

Rosbelle Matias

Date:

11/27/24

CTA has reviewed all corrected items