

# Foster Family Home - Deficiency Report

Provider ID: 1-210079

Home Name: Violeta Kerezsi, NA

Review ID: 1-210079-3

6 Kilani Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI

96786

Begin Date: 5/13/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 5/13/25).

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - No sex offender search results present for CG#2, CG#3, and CG#4.

Foster Family Home	Information Confidentiality	[11-800-16]
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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 CG#2, CG#3, and CG#4.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:


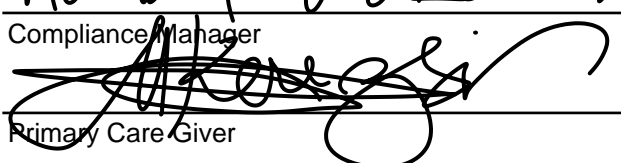
41.(b)(4)- CG#1's Primary Caregiver Disclosure was not updated to reflect current household members. CG#2 without a Substitute Caregiver Disclosure form completed.

Foster Family Home	Quality Assurance	[11-800-50]
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50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CCFFH without an Emergency Preparedness Plan. CG#2, CG#3, and CG#4 without evidence of having been trained.

  
Compliance Manager  
  
Primary Care Giver

Date

Date

5/13/25  
5/13/25

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: Violeta Kerezsi

(PLEASE PRINT)

CCFFH Address: 6 Kilani Avenue, Wahiwa 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)	CG#2, CG#3, CG#4 obtained Sex Offender search result and filed in home binder.	7/3/2025	Home will use a spreadsheet on laptop to identify when requirements are due to prevent this from happening again at least one month before the expiration date.
16.(b)(5)	CG#2, CG#3, CG#4 received training on confidentiality policies and procedures. Document filed in home binder.	6/15/2025	Home will use a wall calendar to put all due dates on to prevent them from expiring. Confidentiality training must be done when newly substitute is hired.
41.(b)(4).	CG#1 Corrected and updated the Disclosure form. CG#2 Completed the disclosure form and placed them in the home binder.	5/13/2025 6/15/2025	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring in the future. PGC will inform the SCG when an item is due 3 weeks ahead.
50(a)	CCFFH obtained Emergency Preparedness Plan and trained CG#2, CG#3, and CG#4. Document is filed in the home binder.	5/24/2025 5/25/2025 6/10/2025 6/15/2025	Home will use an iphone to write all due dates on the notes at least one month ahead. PGC will train all SCG on the Emergency preparedness plan.

☐ All items that were corrected are attached to this POC

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

Date: 7/11/2025

☒ CTA has reviewed all corrected items