

Foster Family Home - Deficiency Report

Provider ID: 1-100090

Home Name: Aleli Daligdig, RN

Review ID: 1-100090-9

94-605 Palai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/9/2021

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

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

Comment:

Unannounced annual inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/9/2021.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- TB clearances for CG#3 lapsed on 6/21/2020 and CG#6 lapsed on 5/24/2020 and no current results present in the CCFFH binder.

Maribel Nakamine, RN 6/9/2021
Compliance Manager Date
Aleli Daligdig 6/9/2021
Primary Care Giver Date

Maribel Nakamine

GTA RN Compliance Manager: _____

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: ALELI S. DALWIGDIG
(PLEASE PRINT)

CCFFH Address: 94-605 Palai St. Waipahu, HI 96797
(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?
41.(b) (7)	2021 TB clearance was obtained for CG [redacted]. It was placed into home record	7/7/2021	CG #1 will use a spreadsheet on laptop and Record book to identify when requirements are due to prevent them from applying.
41.(b) (7)	2021 TB clearance was obtained for CG [redacted]. It was placed into home record	7/2/2021	will inform other Caregivers when an item is due 4 weeks before it is due

All items that were fixed are attached to this CAP

PCG's Signature: Aleli S. Dalwigdig

Date: 7/9/21

CTA has reviewed all corrected items