Foster Family Home - Deficiency Report

Provider ID: 1-170081
Home Name: Angelina Cabusas, RN
3415 Harding Avenue
Honolulu HI 96810
Review ID: 1-170081-7
Reviewer: Julie Hastings
Begin Date: 9/29/2021

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 annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 10/29/2021

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

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

41.(f)(1) 2 minors in the home do not have TB forms. They must have either TB clearance or a declination.

Compliance Manager

Date 9/29/2021
# Written Corrective Action Plan (CAP)

## Community Care Foster Family Home (CCFFH)

### Chapter 11-800

**CTA RN Compliance Manager:** Julie Haesting

**PCG's Name on CCFFH Certificate:** Angelina Cabusas

**CCFFH Address:** 3415 Harding Avenue Honolulu, Hawaii 96816

<table>
<thead>
<tr>
<th>Rule Number</th>
<th>Corrective Action Taken – How was each issue fixed for each violation?</th>
<th>Date each violation was fixed</th>
<th>Prevention Strategy – How will you prevent each violation from happening again in the future?</th>
</tr>
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<tbody>
<tr>
<td>41.(1)(1)</td>
<td>Two minors household member does not have resident contact. Exemption of TB clearance completed.</td>
<td>10/6/21</td>
<td>Will read CTA email in the future to be aware of new policy and procedures.</td>
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</tbody>
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☑️ All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 10/6/21

☑️ CTA has reviewed all corrected items