

Foster Family Home - Deficiency Report

Provider ID: 1-170081

Home Name: Angelina Cabusas, RN

Review ID: 1-170081-7

3415 Harding Avenue

Reviewer: Julie Hastings

Honolulu HI 96816

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



9/29/2021

Date

9/29/2021

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CTA RN Compliance Manager: Julie Hasting

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

PCG's Name on CCFFH Certificate: Angelina Cabusas

(PLEASE PRINT)

CCFFH Address: 3415 Harding Avenue Honolulu, Hawaii 96816

(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.(1) (1)	Two minors household member does not have resident contact. Exemption of TB clearance completed.	10/6/21	Will read CTA email in the future to be aware of new policy and procedures.

All items that were fixed/are attached to this CAP

PCG's Signature: 

Date: 10/6/21

CTA has reviewed all corrected items