

Foster Family Home - Deficiency Report

Provider ID: 1-190010

Home Name: Alona Pagdilao, CNA

Review ID: 1-190010-7

2103 Makaanani Drive

Reviewer: Julie Hastings

Honolulu

HI 96817

Begin Date: 12/3/2021

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

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

Comment:

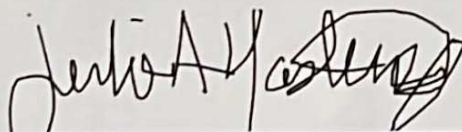
6.(d)(1) - Unannounced annual home inspection for 2 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 30 days.

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

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

Comment:

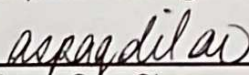
41.(f)(1)
2 minors do not have TB clearance or declination forms



Compliance Manager

12/03/2021

Date



Primary Care Giver

12/11/21

Date

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: Alona Pagdilao Foster Home

(PLEASE PRINT)

CCFFH Address: 2103 Makanani Dr.

(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.(f) (1)	A note is filed on PCG's binder that 2 minors do not have interaction with clients 10 hours a week.	12/5/2021	I will always have a note as a reminder that 2 minors do not have interaction with clients 10 hours a week. I will use a note reminder to add any HHM to this note if they do not have interaction with clients.

All items that were fixed are attached to this CAP

PCG's Signature: *aspagdilao*

Date: 12/11/2021

CTA has reviewed all corrected items