

Foster Family Home - Deficiency Report

Provider ID: 1-560864

Home Name: Noralyne Cansana, CNA

Review ID: 1-560864-10

94-051 Nawaakoa Place

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 11/23/2021

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.

A deficiency Report was issued during the visit and a corrective action plan (CAP) is due back to CTA before 30 days

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire
No Fire Drills conducted by CG#7 or CG#9

Foster Family Home Insurance Requirements [11-800-51]

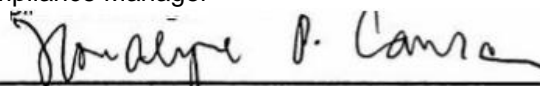
51.(a)(1) General;

Comment:

51.(a)(1)
No Liability insurance for CG#7 or CG#9



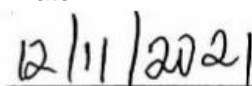
Compliance Manager



Primary Care Giver

11/23/2021

Date



Date

CTA RN Compliance Manager: JULIE HASTINGS

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

PCG's Name on CCFFH Certificate: NORALYNE CANSAÑA

CCFFH Address: 94-051 NAWAARUA PLACE WAIPIAHU 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?
(3P) (b) (6) FIRE	BOTH CG #7 AND CG #9 PERFORMING FIRE DRILL. CG #7 PERFORMED FIRE DRILL ON 8/5/2021. CG #9 PERFORMED FIRE DRILL ON 7/26/2021	N/A	DEFICIENCIES SHOULD BE REVEALED DURING INITIAL VISIT SO ANY MISSING DOCUMENTED CAN BE PRESENTED.
51 (a) (1) GENERAL	CERTIFICATE OF LIABILITY INSURANCE APPLIED FOR CG #7 AND CG #9	12/10/21	ASSURING CERTIFICATE OF LIABILITY INS. IS APPLIED FOR IN A TIMELY MATTER.

All items that were fixed are attached to this CAP

PCG's Signature: Noralyne P. Canse

Date: 12/11/2021

CTA has reviewed all corrected items