

# Foster Family Home - Deficiency Report

Provider ID: 1-509284

Home Name: Edgar Dulig, CNA

Review ID: 1-509284-12

94-991 Kualua Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/26/2022

## 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 inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/26/22.

## Foster Family Home Background Checks [11-800-8]

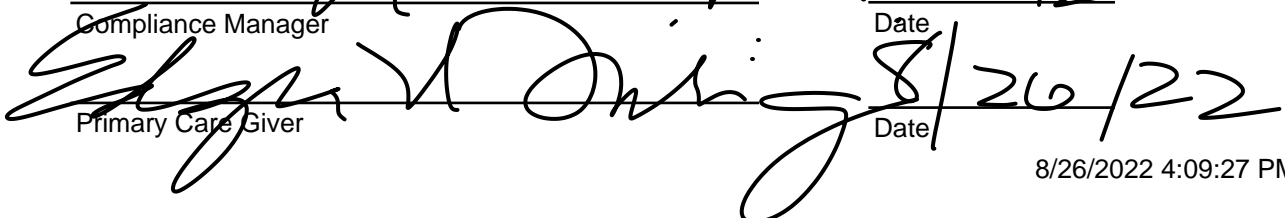
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- CG#4's Ecrim lapsed on 1/27/22 and was done on 2/18/22.

  
Compliance Manager

Date

  
Primary Care Giver

Date

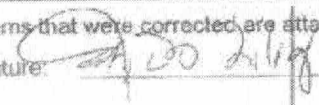
CTA RN Compliance Manager: Maribel Nakamine RN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Edgar U. Dulig  
(PLEASE PRINT)

CCFFH Address: 94-991 Kualua PI Waipahi 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?
8.(a)(1)	CG#4 Ecrim was lapse & cannot be corrected.	08-29-22	CCFFH will use a calendar to hang on the wall to write all CG's [REDACTED] requirement's due dates to avoid expirations.

All items that were corrected are attached to this POC  
PCG's Signature: 

Date: 8-30-22

CTA has reviewed all corrected items