

# Foster Family Home - Deficiency Report

Provider ID: 4-220059

Home Name: Angelina Alba, NA

Review ID: 4-220059-3

808 Poai Place

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/16/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:



6.(d)(1) - Unannounced CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 6/16/2023.

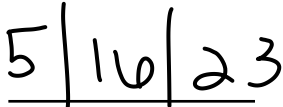
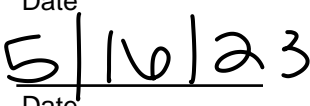
Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - The CCFFH did not have evidence of a current TB clearance for CG#1 and CG#3.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date

CTA RN Compliance Manager: Angel England

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

PCG's Name on CCFFH Certificate: Angelina Alba  
(PLEASE PRINT)

CCFFH Address: 808 Poai Place, Kahului HI 96732  
(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?
41.6(1)	2023 TB clearance was obtained for CG #3 and CG #1. It was placed into home record.	6/2/2023	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. CG #1 will inform other caregivers when an item is due 4 weeks before it is due.

☒ All items that were corrected are attached to this POC

PCG's Signature: Angelina Alba

Date: 6/2/2023

☒ CTA has reviewed all corrected items