

Foster Family Home - Deficiency Report

Provider ID: 1-090099

Home Name: Judilyn Arruda, CNA

Review ID: 1-090099-13

45-182 Keana Road

Reviewer: Jackie Chamberlain

Kaneohe

HI 96744

Begin Date: 5/23/2023

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Deficiency Report issued during CCFFH inspection with plan of correction required, due to CTA within 30 days of inspection.

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) CG 2 and 5 do not meet department guidelines


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager: _____

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

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

CCFFH Address: _____
(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?
			

All items that were corrected are attached to this POC

PCG's Signature: _____
Judith [Signature]

Date: _____

CTA has reviewed all corrected items