

Foster Family Home - Deficiency Report

Provider ID: 4-510835

Home Name: Norma Ragasa, CNA

Review ID: 4-510835-12

156 Kealohilani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/18/2023

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

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

Comment:


6.(d)(1) - Unannounced annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 8/18/23.

Foster Family Home Records [11-800-54]

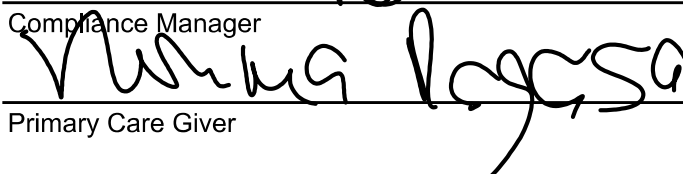
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

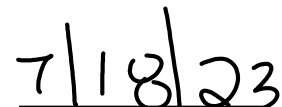
54.(c)(2) - CCFFH did not have evidence of a documented service plan for client #1. Client was admitted to the CCFFH on 4/7/23.



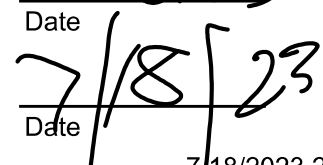
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Terri Van Houten


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

PCG's Name on CCFFH Certificate: NORMA T. RAGASA
(PLEASE PRINT)

CCFFH Address: 156 KEALOHILANI STREET 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?
54.(c)(2)	Contacted case management company, requesting service plan.	7/19/2023	During client admission, CG to work with case management agency and RN to ensure all require documentation and paperwork are recieved in timely manner using a checklist.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 07/30/2023

CTA has reviewed all corrected items