

# Foster Family Home - Deficiency Report

Provider ID: 1-160097

Home Name: Lea Daguro, CNA

Review ID: 1-160097-12

2194 Wilson Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 12/13/2023

## 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 visit made for a 3-bed annual inspection

Deficiency Report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued on 12/13/2023)

## 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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2)-CG #1 , CG#3 and HHM#1 APS/CAN lapsed on 10/15/23 with no current results present. CG#1 Ecrim lapsed on 10/9/23 with no current results present. CG#3 Ecrim lapsed on 10/11/23 with no current results present.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)-CG#1 TB clearance lapsed on 10/3/23 with no current results present. CG#3 TB clearance lapsed on 10/25/23 with no current results present.

41.(f)(1)-HHM#1 TB clearance lapsed on 10/25/23 with no current results present.

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

(3P)(b)(1) Fire shall be conducted monthly

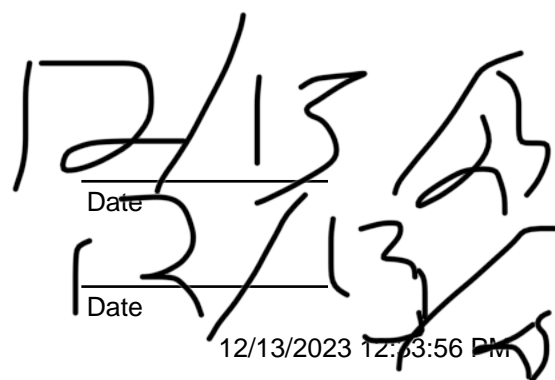
Comment:

(3P)(b)(2) No fire drills conducted since 11/22



Compliance Manager

Primary Care Giver



Date

Date

CTA RN Compliance Manager: Deborah Baumgart

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

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

CCFFH Address: 2194 Wilson St., Honolulu, HI  
(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)	Current Ecrim result for CG#1 and CG#3 were obtained.	1/06/24	I set a reminder for 1 month prior to expiration.
8(a)(2)	Current APS/CAN for CG#1 and CG#3 were obtained.	12/28/23	I placed the expiration date for APS/CAN for all CGs on my phone calendar.
41.(b)(7)	Current TB Clearance was obtained for CG#1 and CG#3 (and 4)	1/05/24	I set a reminder for 1 month prior to expiration.
41.(b)(1)	Current TB clearance was obtained for HHM#1.	1/08/24	I set a reminder for 1 month prior to expiration.
(b)(2)	Cannot be corrected.	12/20/23	I will make sure to conduct fire drill monthly.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 1/09/24

CTA has reviewed all corrected items