

Foster Family Home - Deficiency Report

Provider ID: 2-130057

Home Name: Delailah Babapulle, CNA

Review ID: 2-130057-15

684 Kilaha Place

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 3/13/2024

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

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

Comment:

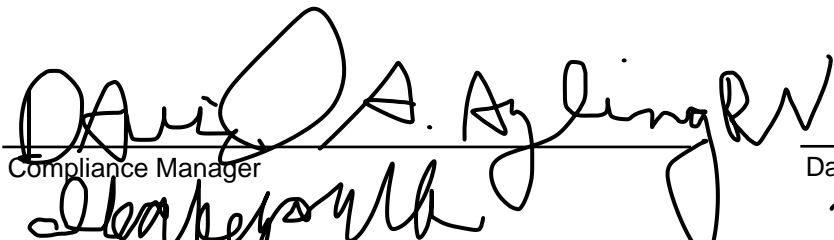
6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 4/13/24.

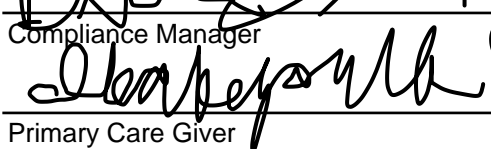
Foster Family Home Background Checks [11-800-8]

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

Comment:

8.(a)(2) - APS/CAN expired on 1/20/2024 for CG #3. Not done until 2/21/2024.


Compliance Manager
Date 3/13/2024


Primary Care Giver
Date 3-13-2024

CTA RN Compliance Manager: DAVID A. AYLING, RN

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

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

CCFFH Address: 684 KILAHUA PLACE HILO, HI 96720
(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)(2)	I SHOWED [REDACTED] A CURRENT APS/CAN on the day of my inspection for CG#3.	8/13/2024	I MADE A LIST OF THE EXPIRATION DATES FOR APS/CAN FOR ALL CG'S AND HHM. I PUT THE LIST ON THE FRONT OF MY CCFFH BINDER I WILL REVIEW THE LIST EVERY MONTH

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 03/13/2024

CTA has reviewed all corrected items