

Foster Family Home - Deficiency Report

Provider ID: 1-634651

Home Name: Meloni Trias, CNA

Review ID: 1-634651-17

96-137 B Waiawa Road

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 2/16/2024

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

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

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

Deficiency Report issued during CCFFH inspection with a plan of correction due to CTA within 30days of inspection.
(Issued on 2/16/2024)

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

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

Comment:

41.(b)(7)-CG#4 TB clearance lapsed on 01/27/2024 with no current results present



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: Deborah Baumgart

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

PCG's Name on CCFFH Certificate: Meloni M. Trias

(PLEASE PRINT)

CCFFH Address: 96-137 Waiawa Rd., Pearl City, HI 96782

(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.(b)(7)	CG # 4 completed TB vaccine	2/26/24	I will use a checklist and calendar to keep track of expiration dates.

All items that were corrected are attached to this POC

PCG's Signature: Meloni M. Trias

Date: 2/29/24

CTA has reviewed all corrected items