

Foster Family Home - Deficiency Report

Provider ID: 1-200031

Home Name: Natividad Cabacungan, CNA

Review ID: 1-200031-9

1297 Kukila Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 4/23/2024

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 3-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.
(Issued 4/23/2024)

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

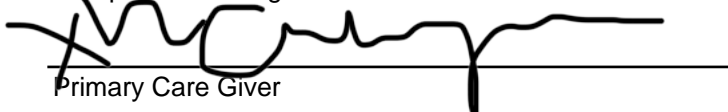
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

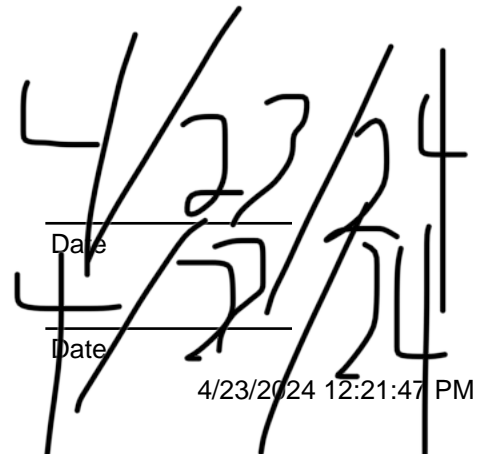
41.(b)(7)-CG#5 TB clearance lapsed on 10/21/2023 and was not done until 11/6/2023



Compliance Manager



Primary Care Giver



Date

Date

4/23/2024 12:21:47 PM

CTA RN Compliance Manager:

Deborah Baumgart LPN

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

PCG's Name on CCFFH Certificate:

NATIVIDAD M. CABACUNGAN

(PLEASE PRINT)

CCFFH Address:

1297 Kukila St. Honolulu, HI. 96818

(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?
41.6(7)	Lapse cannot be corrected.	4/23/24	Caregiver #1 will use sticky note to track expiration date. Will remind all care givers before expiration date.

All items that were corrected are attached to this POC

PCG's Signature:

Deborah Baumgart

Date:

4/23/2024

CTA has reviewed all corrected items