

Foster Family Home - Deficiency Report

Provider ID: 2-100096

Home Name: Loriella Fiesta, CNA

Review ID: 2-100096-18

16-2088 Emerald Drive,
#1184

Reviewer: David Ayling

Pahoa HI 96778

Begin Date: 5/23/2024

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

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

Comment:

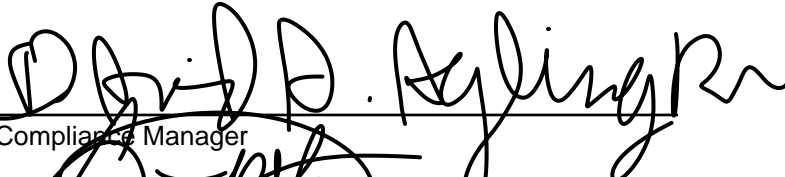
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 6/23/24.

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) - TB clearance expired on 1/4/2024 for CG #2.



Compliance Manager



Primary Care Giver

5/23/2024
Date

5-23-2024
Date

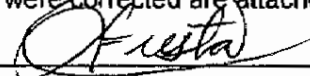
CTA RN Compliance Manager: DAVID AYLING, RN

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

PCG's Name on CCFFH Certificate: LORIELLA T FIESTA
CCFFH Address: 16-2088 Emerald Dr. #1184 Pahoia HI 96778

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)	I have received a current TB clearance from CG #2. I placed the results in my CCFFH binder.	6/7/24	I made a list of the TB expiration dates for all CG's. I put the list on front of my CCFFH binder. I will check it every month.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 6.14.24

CTA has reviewed all corrected items

101821 S. Young