

Foster Family Home - Deficiency Report

Provider ID: 1-210021

Home Name: Abigail Leano, NA

Review ID: 1-210021-10

94-192 Loaa Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 10/15/2024

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 30 days of inspection.
(Issued 10/15/2024)

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

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

Comment:

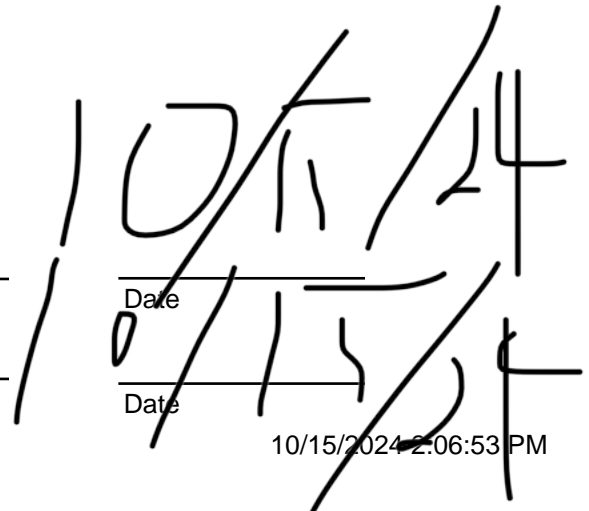
41.(b)(7)-CG # 1 TB clearance lapsed 12/23/24 and was done 5/22/24



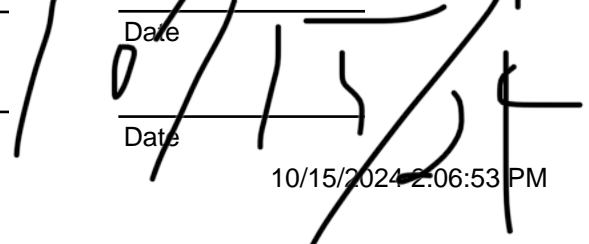
Compliance Manager



Primary Care Giver



Date



Date

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:

ABIGAIL LEANO

(PLEASE PRINT)

CCFFH Address:

94-192 LOAA ST-WAIPAHU HI. 96797

(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)	Lapse cannot be corrected.	10/15/2024	Home will use a wall calendar to put due date on. Background checks will be done at least one week before due date to prevent future lapses.

All items that were corrected are attached to this POC

PCG's Signature:

Abigail Leano

Date:

10/15/2024

CTA has reviewed all corrected items