

# Foster Family Home - Deficiency Report

Provider ID: 1-220012

Home Name: Daiserie Reyes, CNA

Review ID: 1-220012-8

98-1456 Hoohonua Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 10/9/2024

## 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 10/9/2024)

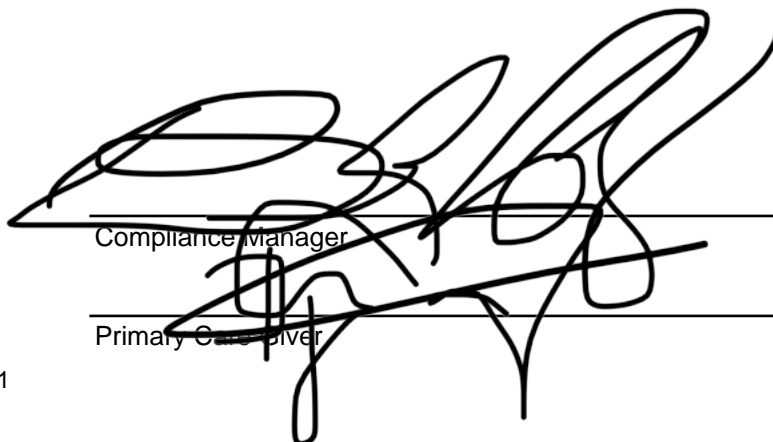
PCG requests to increase from a 2-bed to 3-bed CCFFH


## 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 3/10/2024 and was done 4/23/2024. CG#4 TB clearance lapsed on 4/16/2024 and was done on 4/25/2024.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Caregiver

10/5/24  
\_\_\_\_\_  
Date

10/9/24  
\_\_\_\_\_  
Date

CTA RN Compliance Manager:

Deborah Baumgart-Lew

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

PCG's Name on CCFFH Certificate:

Dairerie D. Reyes

(PLEASE PRINT)

CCFFH Address:

98-1456 Hooehona St 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)	laps cannot be corrected	10/09/24	GG #1 Can do reminder on the calendar and always check the binder. I schedule a month before expired for have the expiration date

All items that were corrected are attached to this POC

PCG's Signature:

[Signature]

Date:

10/09/24

CTA has reviewed all corrected items