

# Foster Family Home - Deficiency Report

Provider ID: 1-240037

Home Name: Danna Kaye Fabro, NA

Review ID: 1-240037-1

1178 Lunahana Place

Reviewer: David Ayling

Kailua HI 96734

Begin Date: 5/28/2024

## 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 new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 6/28/24.


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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No TB clearance for HHM #1.

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

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date 5/28/24

\_\_\_\_\_  
Date 5/28/24

DAVID AYLING, RN

CTA RN Compliance Manager: \_\_\_\_\_

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

PCG's Name on CCFFH Certificate Danna Kaye Fabro

CCFFH Address: 1178 Lunalaha Pl. Kailua, HI 96734  
(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?
	HHM#1 moved out of the house	06/21/2024	I tried to have HHM#1 get his To test but he haven't been doing it so I have to let HHM#1 know that HHM#1 Cant be here that it IS CTA required.

All items that were corrected are attached to this POC

PCG's Signature: Danna Kaye Fabro

Date: 06/21/2024

CTA has reviewed all corrected items