

# Foster Family Home - Deficiency Report

Provider ID: 1-140010

Home Name: Lorena Kawamoto, CNA

Review ID: 1-140010-17

94-472 Alpine 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)

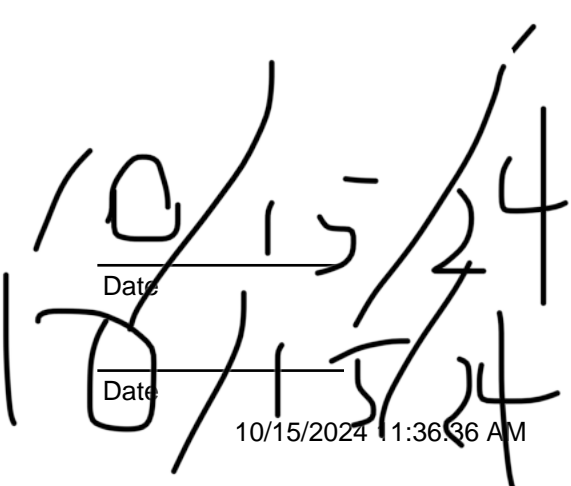
## Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.(b)(7)-CG#2 TB clearance lapsed on 6/5/2024 and was done on 10/2/2024.

  
\_\_\_\_\_  
Compliance Manager  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Date  
10/15/24

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: Lorena Kawamoto  
(PLEASE PRINT)

CCFFH Address: 94-472 Alapine Street, 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)	Lapses can not be corrected.	10/15/24	CG#1 I will use iphone calendars to track all due dates to avoid future lapses for all caregivers.

All items that were corrected are attached to this POC

PCG's Signature: Lorena Kawamoto

Date: 10/15/2024

CTA has reviewed all corrected items