

# Foster Family Home - Deficiency Report

Provider ID: 1-240078

Home Name: Ma Anjanette Visaya, CNA

Review ID: 1-240078-1

1736 Maliu Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 10/18/2024

## 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 11/18/24.

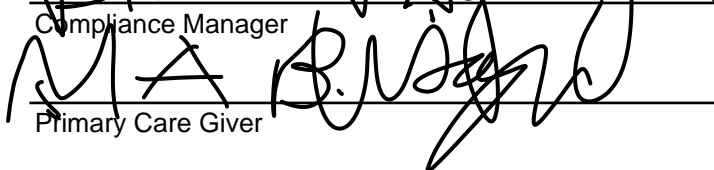
## Foster Family Home Physical Environment [11-800-49]

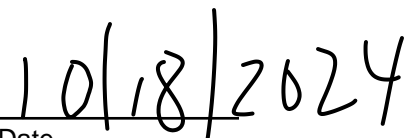
49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;


Comment:

49.(a)(2) - No Grab bars for shower and toilet.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

CTA RN Compliance Manager:

David Ajling

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

PCG's Name on CCFFH Certificate:

Ma Anjanette B. Visaya

CCFFH Address:

1736 Malin St, Honolulu HI 96819  
(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?
49.(a)(3)	Put grab bars in the shower and in the toilet	10/20/24	Put Grab bars in the shower & in the toilet in the future Home

All items that were corrected are attached to this POC

PCG's Signature:

MAD Visaya

Date:

10/21/24

CTA has reviewed all corrected items