Foster Family Home - Deficiency Report

Provider ID: 1-579592

Home Name: Emerita dela Cruz, CNA Review ID: 1-579592-16

94-1110 Huakai Street Reviewer: Deborah Baumgart

Waipahu HI 96797 Begin Date: 10/30/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

include the testing of smoke detectors.

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 10/30/2024)

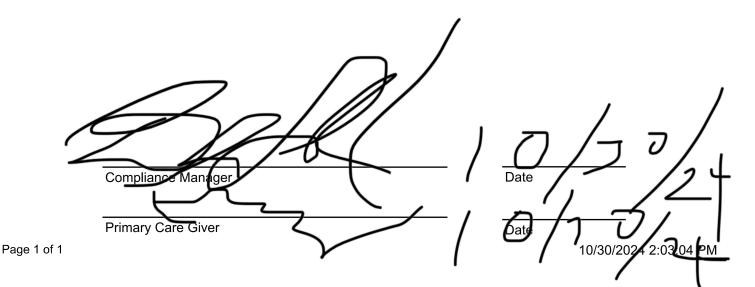
PCG requests to decrease from 3-bed to 2-bed CCFFH.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall

Comment:

46.(a)-last monthly fire drill conducted was 6/2/2024



Deborah Baumgart LPN

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

PCG's Name on CCFFH Certificate:

Emerita Dela Cruz

CCFFH Address:

(PLEASE PRINT) 94-1110 Huakai Street, Walpahu, 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?
46.(a)	Lapse cannot be corrected	11/14/24	To prevent any future deficiency, I will input monthly fire drills in my calendar.

All items that were corrected are attached to this POC PCG's Signature: Fmuita A Alla Crus

Date: 11/14/2024

X CTA has reviewed all corrected items