

Foster Family Home - Deficiency Report

Provider ID: 2-160009

Home Name: Florabel Dalmacio, CNA

Review ID: 2-160009-14

15-1987 32nd Avenue

Reviewer: David Ayling

Kea'au

HI 96749

Begin Date: 11/14/2024

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

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

Comment:

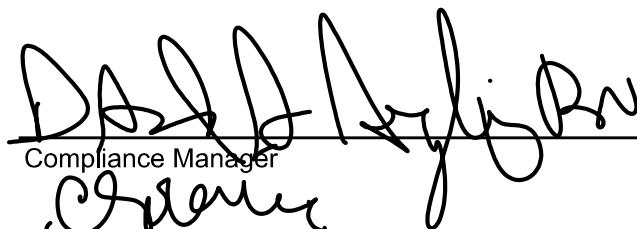
6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 12/14/24.

Foster Family Home Background Checks [11-800-8]


8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

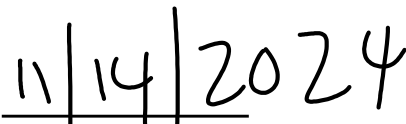
8.(a)(2) - APS/CAN expired on 4/1/2024 for CG #2.




Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: DAVID A TING, RN

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

PCG's Name on CCFFH Certificate: DALMAQIO ADULT FOSTER HOME
(PLEASE PRINT)

CCFFH Address: 15-1987 32ND AVE, KEAUA, HI 96749
(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?
8(9)(2)	I received a current APS/CAN FROM CG #2. I put it in my CCFFH binder.	11-22-24	calendar for all CGS with the expiration dates of APS/CAN. check every MONTH.

All items that were corrected are attached to this POC

PCG's Signature: FUDALMAQIO

Date: 11.24.2024

CTA has reviewed all corrected items