

Foster Family Home - Deficiency Report

Provider ID: 1-240046

Home Name: Julie Ann Lacsamana, CNA

Review ID: 1-240046-1

3555 Kalihi Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 7/2/2024

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 8/2/24.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9) - Back door that leads to other side of house that houses other unapproved HHM's.


Compliance Manager Date 7/2/2024

Primary Care Giver Date 7/2/24

CTA RN Compliance Manager: DAVE AYLING, RN

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

PCG's Name on CCFFH Certificate: Julie Ann Laesamara

CCFFH Address: 3555 Keolu 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?
53.(b)(9)	I had the back door dry walled by the landlord.	7/5/24	I will make sure all future homes that I rent have no entries to other parts of another house.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 7-4-24

CTA has reviewed all corrected items