

Foster Family Home - Deficiency Report

Provider ID: 1-633728

Home Name: Lorna Macaburas, CNA

Review ID: 1-633728-15

1459 Hoohaku Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

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

Comment:

6.d.1- Unannounced visit made for a 3-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)

**3 Person Fire Safety,
Natural Disaster**

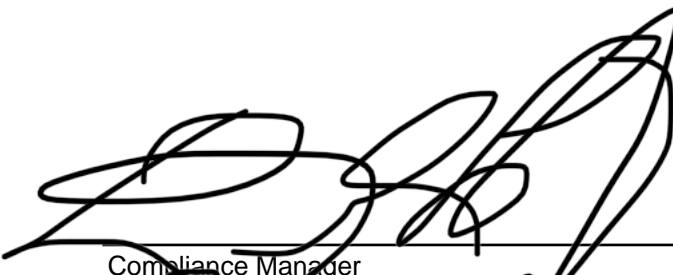
3 Person Fire Safety

(3P) Fire

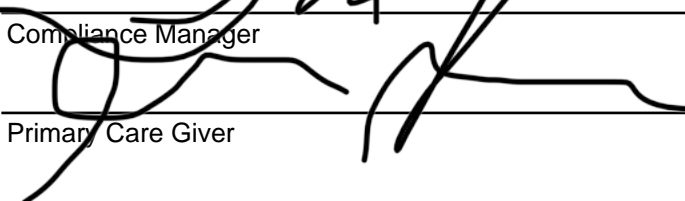
(3P)(b)(1) Fire shall be conducted monthly

Comment:


3(P)(b)(1)-last fire drill conducted was 7/2/24



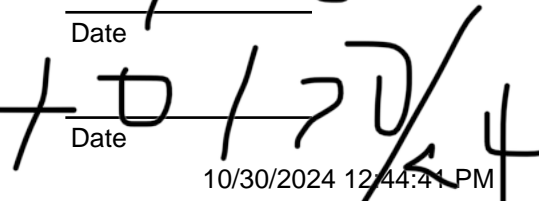
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Deborah Baumgart LPN

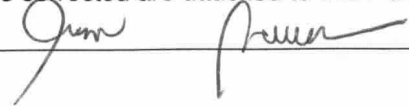
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Lorna L. Macaburas
(PLEASE PRINT)

CCFFH Address: 1459 Hoohaku St. Pearl City Hawaii 96782
(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?
(3P)(b) (1)	Lapse cannot be corrected	10/30/24	CG#1 will use a wall calendar to schedule due dates for monthly fire drills on to avoid future lapses.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/30/24

CTA has reviewed all corrected items