

Foster Family Home - Deficiency Report

Provider ID: 1-240035

Home Name: Trina Cae Emilla Constantino,
RN

Review ID: 1-240035-1

94-1204 Heahea Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/16/2024

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 6/16/24.


Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

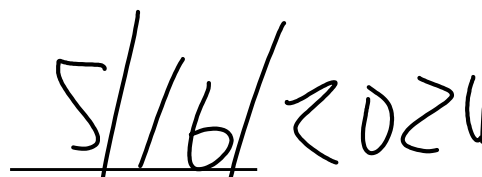
Comment:

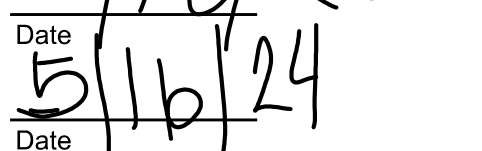
41.(b)(5) - CG #1 needs to have the correct amount of coverage of auto insurance for Bodily Injury and Property Damage.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: _____

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

PCG's Name on CCFFH Certificate: _____
(PLEASE PRINT)

CCFFH Address: _____
(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?

All items that were corrected are attached to this POC

PCG's Signature: _____

Date: _____

CTA has reviewed all corrected items