

# Foster Family Home - Deficiency Report

Provider ID: 1-090126

Home Name: Zenaida Agsalda, CNA

Review ID: 1-090126-17

99-060 Nalopaka Place

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 11/21/2024

## 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 11/21/24)

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)-CG#2 TB clearance lapsed 4/20/2024 with no current results present.



Compliance Manager

Primary Care Giver

11/21/24  
Date  
11/21/24  
Date

CTA RN Compliance Manager: Deborah Bumagart

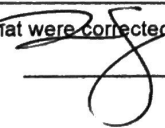
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Zenaida Agsalda, CNA  
(PLEASE PRINT)

CCFFH Address: 99-060 Nalopaka Place, Aiea Hawaii 96701  
(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?
41.(b)(7)	Lapse cannot be corrected.		CG#1 will use sticky notes to locate the forms for easy find.

All items that were corrected are attached to this POC.

PCG's Signature: 

Date: 12.10.2024

CTA has reviewed all corrected items