

# Foster Family Home - Deficiency Report

Provider ID: 1-240088

Home Name: Imelda L. Daoang, CNA

Review ID: 1-240088-1

99-143 Pamoho Place

Reviewer: David Ayling

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) - Home inspection for a new 2 person CCFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 12/21/24.


## 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.

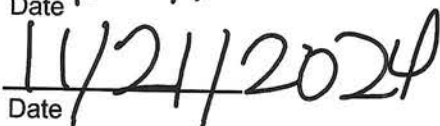
Comment:

41.(b)(5) - CG #1 needs to increase bodily injury coverage to 100,000 on their auto insurance.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

CTA RN Compliance Manager: David Ayling, RN

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

PCG's Name on CCFFH Certificate: Imelda L. Daoung, CNA  
(PLEASE PRINT)

CCFFH Address: 99-143 Pamoho Place Area 111 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(6)(5)	I increased the auto insurance coverage to \$100,000 for bodily injury. (see invoice)	11/	I will always pay to right amount of coverage for auto insurance.

All items that were corrected are attached to this POC

PCG's Signature: Imelda Daoung

Date: 12-8-2024

CTA has reviewed all corrected items