

Foster Family Home - Deficiency Report

Provider ID: 1-240034

Home Name: Precious Joy Diego, RN

Review ID: 1-240034-3

94-1134 Kahuahale Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 3/13/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Client #1 did not have Form 1147 in file.

Deficiency Report issued during CCFFH inspection via email on 3/13/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) No current TB clearance for HHM# 4. TB exclusion not present for HHM# 4.

Foster Family Home	Records	[11-800-54]
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54.(a)(3) A list of applicable community resources.

Comment:

54(a)(3) The CCFFH did not have a list of applicable community resources.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Po Lim, RN

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

PCG's Name on CCFFH Certificate: Precious Joy Diego, RN

(PLEASE PRINT)

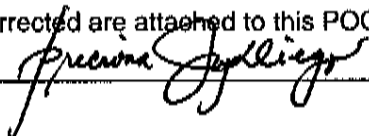
CCFFH Address: 94-1134 Kahuahale St. Waipahu Hawaii , 96797

(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?
6.(d)(1)	> 1147 for Client #1 was placed to client's binder under the service plan tab as it was previously tucked in binder's back pocket.	03/31/25	> Home will use a spreadsheet of checklist of all requirements on laptop to identify any missing document. PC will file 1147 under service plan.
41.(f)(1)	> Completed a TB clearance exclusion form for HHM#4	03/18/25	> Home will use a spreadsheet of requirements with corresponding due date on laptop. PCG will complete TB exclusion form 2 weeks before due date.
54.(a)(3)	> Has available info of applicable community services on PCG's email printed a copy.	03/18/25	> Home will have a printed copy of applicable community services by the PCGs binder for easier access. > PCG will post applicable community services materials/posters by the medication area

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 04/06/25☒ CTA has reviewed all corrected items