Foster Family Home - Deficiency Report

Provider ID: 4-150015

Home Name: Xzor Jay M. Daguio, CNA Review ID: 4-150015-16

3 Puualoha Place Reviewer: Terri Van Houten

Kahului HI 96732 Begin Date: 4/21/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 5/21/25.

6.(d)(1) - The CCFFH did not have evidence of a current 1147 for client #2. 1147 on file expired 7/13/23.

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

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.(a)(2) - The CCFFH did not have evidence of a Prometric registry check for CG#1. CG#2, CG#4 and CG#5.

Compliance Manager

Primary Care Giver

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Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: Xzor Jay Daguio

(PLEASE PRINT)

CCFFH Address:

03 Puualoha Pl. Kahului Hl 96732

(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)	obtained client's 1147 from the CMA. Copy was given and placed in client's binder	4/29/25	Put in my Reminder that 1147 needs to be ipdated yearly from the day client was admitted. Also included on my note to call CMA for updated 1147 a month before the admission date. Turn on Note notification somi can get notified.
41.(a)(2)	Obtained prometric registry check from prometric website. Copy was placed on CTA binder.	4/29/25	I included on my note 'prometric registry' needed for all nurse aide caregivers. Included the prometric link

	All items that	were corrected	are attached	to this POC
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PCG's Signature:

Date: 5-2-25