

Foster Family Home - Deficiency Report

Provider ID: 1-160100

Home Name: Virgilina Cortez, CNA

99-017 Kauhale Street

Aiea

HI 96701

Review ID: 1-160100-15

Reviewer: Po Lim

Begin Date: 10/16/2025

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 visit made for a 1 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/16/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#3 did not have evidence of conducting a monthly fire drill within the past 12 months.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Po Lim

Original

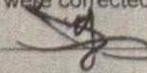
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

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

CCFFH Address: 99-017 Kauhale Street
(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?
46.(b)(2)	CG#3 conducted a fire drill...and filed in the binder.	10/18/25	CG#1 will have CG#3 do a fire drill at least every 6 months to prevent this lapse from happening again in the future.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/18/2025

CTA has reviewed all corrected items

*Emailed to Laura Vester
10/19/25 - this form + the
Fire drill form (attached)*