

# Foster Family Home - Deficiency Report

Provider ID: 4-170055

Home Name: Michael Suzuki, NA

Review ID: 4-170055-6

607 A South Kamehameha Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/9/2021

## 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 annual home inspection for 2 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 8/1/2021.

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

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

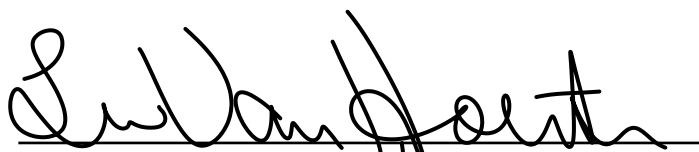

46.(a) - CCFFH did not have evidence of fire drill conducted for June 2021

## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - Client #2: there was a medication discrepancy between the MD order, the MAR and the prescription label.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

7/19/21  
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Date  
7/19/21  
\_\_\_\_\_  
Date