

# Foster Family Home - Deficiency Report

Provider ID: 1-160081

Home Name: Maryvin Ancheta, CNA

Review ID: 1-160081-7

98-073 Lokowai Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 8/18/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/18/2021.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3 and CG#5 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

*Maribel Nakamine, RN*

Compliance Manager

Date

*8/18/2021*

Primary Care Giver

Date

*8/18/2021*