

Foster Family Home - Deficiency Report

Provider ID: 2-130047

Home Name: Elizabeth Galanto, CNA

Review ID: 2-130047-9

75-202 Ala Onaona Street

Reviewer: Terri Van Houten

Kailua-Kona HI 96740

Begin Date: 10/20/2021

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 11/19/2021.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:


41.(b)(7) - CG#3 did not have evidence of TB clearance for 2020 or 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 was missing evidence of fire drill completion from 9/21, 6/21 and 5/21.



Compliance Manager


Primary Care Giver

10/20/21

Date
10/20/21

Date