

# Foster Family Home - Deficiency Report

Provider ID: 1-190003

Home Name: Frederick Jose, CNA

Review ID: 1-190003-6

94-398 Kahuanani Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/15/2021

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 12/15/21.

**3 Person Fire Safety,  
Natural Disaster**

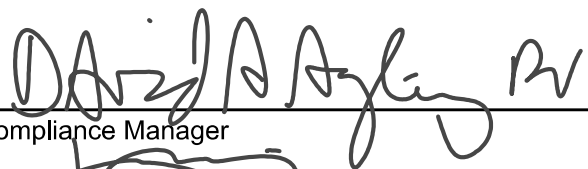
**3 Person Fire Safety**

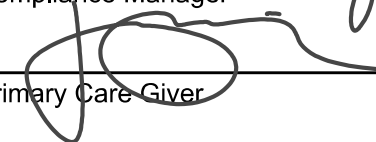
**(3P) Fire**

(3P)(b)(6) Fire      shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - No SCG's, except CG #4, have lead a fire drill in the last year.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

11/15/2021  
Date

11/15/2021  
Date