

Foster Family Home - Deficiency Report

Provider ID: 1-625080

Home Name: Flordeliza Dela Cruz, CNA

Review ID: 1-625080-9

1303 Noelani Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 4/20/2022

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 inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/20/2022.

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(6)Fire- No monthly fire drills completed from May 2021 thru March 2022.

Maribel Nakamine, RN 4/20/22

Compliance Manager

Date

[Signature]

Primary Care Giver

4/20/22

Date