

Foster Family Home - Deficiency Report

Provider ID: 1-586232

Home Name: Lucrecia Agtarap, CNA

Review ID: 1-586232-10

94-1286 Huakai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/29/2022

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 4/29/2022.

3 Person Fire Safety, Natural Disaster **3 Person Fire Safety** **(3P) Fire**

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

Comment:

(3P)(b)(1), (b)(6) Fire- No monthly fire drill completed for the month of February 2022.

Maribel Nakamine *Rw 3/29/22*

Compliance Manager *3/29/22*
Lucrecia Agtarap _____

Primary Care Giver Date