

Foster Family Home - Deficiency Report

Provider ID: 1-170030

Home Name: Darylle Agustin, NA

Review ID: 1-170030-8

87-129 Palakamana Street

Reviewer: Po Lim

Waianae HI 96792

Begin Date: 5/16/2022

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

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

Comment:

Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 6/16/2022. (30 days from the date the CCFFH is given their deficiency report)

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.a and b.2 No fire drill conducted by CG#3, 4, and 5. Last Fire Drill was conducted on 2/13/2022, no fire drill conducted after that date.

Compliance Manager

Primary Care Giver

Date

Date