

Foster Family Home - Deficiency Report

Provider ID: 1-512831

Home Name: Zenaida Miller, CNA

Review ID: 1-512831-14

86-3005 Leihua Place

Reviewer: Po Lim

Waianae

HI

96792

Begin Date:

5/19/2022

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 6/19/2022. (30 days from the date the CCFFH is given their deficiency report).

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 No proof of current 2021-2022 positive/negative TB skin test for C ■ and ■. Last negative skin for C ■ is ■ and C ■ is ■. Both are expired.

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 Fire drills are missing from August 2021 thru Present. Last fire drill conducted was on 7/4/2021.

Compliance Manager

Primary Care Giver

Date

Date