

Foster Family Home - Deficiency Report

Provider ID: 1-190073

Home Name: Amber G. Acosta, NA

Review ID: 1-190073-7

91-1358 Karayan Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 8/10/2022

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification, voluntarily decrease to 1 bed

Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

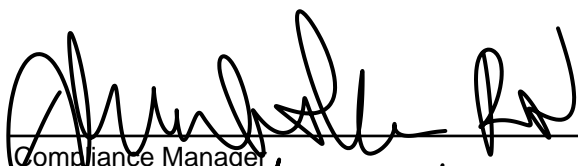
49.(a)(4) There is no wheelchair ramp and the emergency exit with 1 step down

Foster Family Home Records [11-800-54]


54.(a)(1) Emergency procedures and an evacuation map;

Comment:

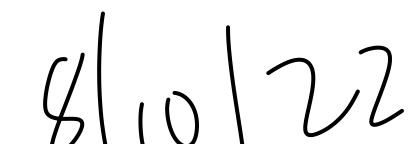
54.(a)(1) The reserved client bedroom has changed to a new space in the home. A new emergency map / floor plan is required.



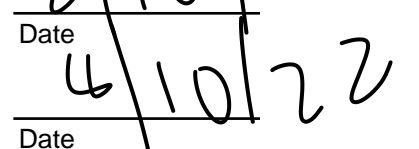
Compliance Manager



Primary Care Giver



Date



Date