

Foster Family Home - Deficiency Report

Provider ID: 1-510059

Home Name: Cherly Silao, CNA

Review ID: 1-510059-12

4107 Likini Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 7/27/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/27/22.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:


(3P) (b)(2) Staff- No entry for today in the CCFFH's Sign In/Out Sheet. CG#1 was not home at the start of the survey and CG#3 was substituting in the CCFFH.

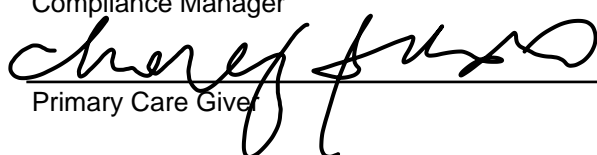
3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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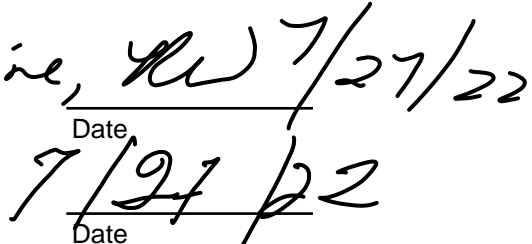
(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

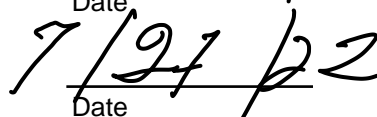
Comment:

(3P)(b)(2)Fire- No nighttime monthly fire drill completed for the past 12 months.



Compliance Manager


Primary Care Giver


Date


Date