

Foster Family Home - Deficiency Report

Provider ID: 1-561317

Home Name: Eduardo Duquez, CNA

Review ID: 1-561317-11

91-1035 Kaiakua Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 8/24/2022

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 made for a 3-bed. Corrective action report issued during inspection with Plan of Correction due to CTA on 9/24/2022. (30 days from the date the CCFFH is given their deficiency report).

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

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

3P.b.1 and 3P.b.6 Last fire drill was conducted on 8/21/2021.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Terri Van Houten RN

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: EDUARDO DUQUEZ

(PLEASE PRINT)

CCFFH Address: 91-1035 KAIKUA STREET EWA BEACH HAWAII 96706

(PLEASE PRINT)

| Rule Number | Corrective Action Taken – How was each issue fixed for each violation? | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future? |
|---------------------|--|-------------------------------|--|
| (3P)(b) (1) fire | shall be conducted monthly | 8-25-22 | moving forward i will set a reminder into my calender to make sure i will conduct fire drill every month . |
| (3P)(b) (6) Fire | shall include all SCGs at least once a year | 8-25-22 | moving forward i will make sure to include all my caregivers to conduct fire grill by setting an alert into my i phone . |

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 8-25-22

CTA has reviewed all corrected items