

# Foster Family Home - Deficiency Report

Provider ID: 1-190054

Home Name: Ahsly Ann Mangunay, CNA

Review ID: 1-190054-7

94-1041B Kaaholo Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 5/1/2023

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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/1/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

CCFFH applied for increase from 2 beds to 3 beds.

3 Person Fire Safety,  
Natural Disaster

3 Person Fire Safety

(3P) Fire

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

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

(3P)(b)(4) Fire shall include testing of smoke detectors

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

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

Missing 4/2022 through 10/2022 fire drills.

Missing 4/2023 fire drill.

SG #3 did not conduct a fire drill in the past 12 months.

Compliance Manager

Primary Care Giver

Date

Date