

Foster Family Home - Deficiency Report

Provider ID: 1-200029

Home Name: Arnie O. Ballares, CNA

Review ID: 1-200029-8

94-1065 Lumiauau Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/30/2023

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 3/30/23).

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:


46.(b)(2)- CG#2 and CG#4 were without evidence of conducting a monthly fire drill for the past 12 months.

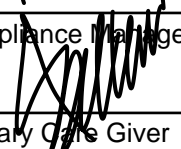
Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

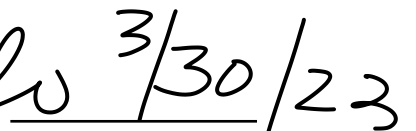
Comment:

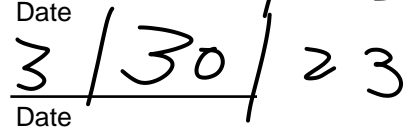
50.(a)- CG#2 and CG#4 were without evidence of having been trained the CCFFH's Emergency Preparedness Plan.



Compliance Manager


Primary Care Giver



Date


Date