## Foster Family Home - Deficiency Report

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Reviewer:

Provider ID: 1-120084

Home Name: Jeanna Mongco, CNA Review ID: 1-120084-13

87-122A Auyong Homestead

Road

Waianae HI 96792 Begin Date: 5/5/2023

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

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

Comment:

3 Person Fire Safety,

6(d)(1) Unannounced visit made for a 3 bed annual inspection.

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

Foster Family	Home Personnel and Staffin	ng [11-800-41]
41.(b)(7)	Have a current tuberculosis clearand	ce that meets department guidelines; and
41.(f)(1)	Tuberculosis clearances that meet of	epartment of health guidelines; and
Comment:		

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG #1, #2, and #3.

41.(f)(1) No current in TB clearance for HHM #1 and #2

3 Person Fire Safety

Natural Disaster		
(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) Fire

(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. CCFFH last fire drill conducted was on 4/18/2022. No records from May 2022 to April 2023.

Compliance Manager

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Date

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