

Foster Family Home - Deficiency Report

Provider ID: 1-130035

Home Name: Ricky Mericle, CNA

Review ID: 1-130035-15

91-802 Haiamu Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 2/24/2023

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 annual inspection.

Deficiency Report issued during CCFFH inspection via email on 2/24/2023 with Plan of Correction due to CTA within 30 days of inspection date of 2/24/2023.

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

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

Comment:

3P.c.6 Fire CG#3 have not conducted a fire drill within the past 12 months.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

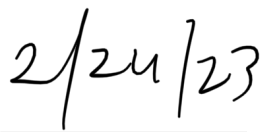
Comment:

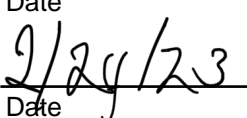
54(c)(2) No current service plan present for Client# 2. Last one in record is dated 8/21/2019.



Compliance Manager


Primary Care Giver



Date


Date