

Foster Family Home - Deficiency Report

Provider ID: 1-511156

Home Name: Rosita Peneku, CNA

Review ID: 1-511156-13

89-210 Huikala Place

Reviewer: Po Lim

Waianae HI 96792

Begin Date: 4/13/2023

Foster Family Home	Required Certificate	[11-800-6]
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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 4/13/2023 with Plan of Correction due to CTA within 30 days of inspection date of 4/13/2023.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(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. Last drill was conducted on 4/15/2022

Foster Family Home	Records	[11-800-54]
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54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No signatures from client/POA for the current service plans for Client# 1, 2, and 3.



Compliance Manager


Primary Care Giver

4/13/23

Date
4/13/23

Date