

Foster Family Home - Deficiency Report

Provider ID: 1-110051

Home Name: Emily Rivera, CNA

Review ID: 1-110051-18

1917 Hanu Lane

Reviewer: Po Lim

Honolulu HI 96819

Begin Date: 6/14/2023

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 6/14/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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


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

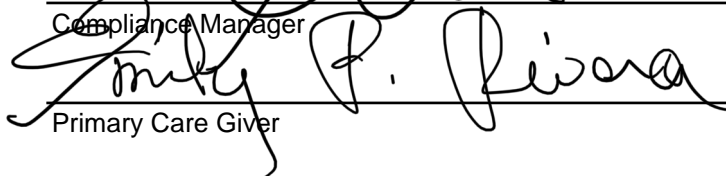
(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

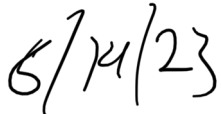
(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

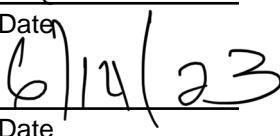
CG#5 did not conduct a fire drill in the past 12 months. Last Fire drill was conducted on 8/4/2022.



Compliance Manager


Primary Care Giver



Date


Date