

Foster Family Home - Deficiency Report

Provider ID: 2-100058

Home Name: Mercedes Arquitola, CNA

Review ID: 2-100058-14

17-606 S. Ipu'aiwaha Place

Reviewer: David Ayling

Kea'au

HI 96749

Begin Date: 5/24/2023

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 6/24/23.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #4. Expired on 2/3/2023.

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

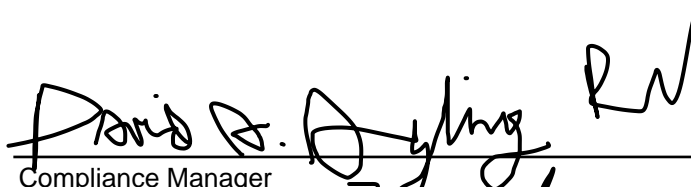

(3P)(b)(1) Fire shall be conducted monthly

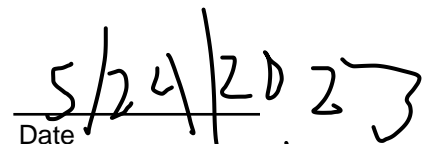

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1) Fire - No record of conducted fire drills since 1/2023.

(3P)(b)(6) Fire - CG #3 and CG #4 have not lead a fire drill during the 2/2022.


Compliance Manager

Primary Care Giver


Date

Date