

# Foster Family Home - Deficiency Report

Provider ID: 1-595829

Home Name: Leilani B. Domingo, CNA

Review ID: 1-595829-12

94-458 Alapine Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 8/14/2023

## 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 8/14/2023 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)(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 conduct CG#2 and CG#3 at least once per year.

Compliance Manager

Primary Care Giver

Date

Date