

Foster Family Home - Deficiency Report

Provider ID: 1-200057

Home Name: Reylie Andres, NA

Review ID: 1-200057-8

94-326 Hene Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 8/2/2023

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 2 bed annual inspection.

Deficiency Report issued during CCFFH inspection via email on 8.2.2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Client #1 is missing their 1147 form.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.a. CCFFH missed conducting July 2023 fire drill.

Compliance Manager

Primary Care Giver

Date

Date