

Foster Family Home - Deficiency Report

Provider ID: 1-564452

Home Name: Zenaida Sumagit, CNA

Review ID: 1-564452-16

115-A Cypress Avenue

Reviewer: Deborah Baumgart

Wahiawa

HI

96786

Begin Date: 8/23/2023

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 with a Plan of Correction due to CTA within 30 days of inspection (issued on 8/23/23)

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)-No monthly fire drill completed for 6-23 and 7-23

Compliance Manager

Primary Care Giver

Date

Date

8/23/2023 3:04:29 PM