

Foster Family Home - Deficiency Report

Provider ID: 1-160083

Home Name: Alwyn Bonoan, CNA

Review ID: 1-160083-12

1419 Kokea Street

Reviewer: Deborah Baumgart

Honolulu

HI 96817

Begin Date: 10/23/2023

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 3-bed annual inspection

Deficiency report issued during CCFFH inspection with a plan of correction due to CTA within 30 days of inspection (issued on 10/23/2023)

**3 Person Fire Safety,
Natural Disaster**


3 Person Fire Safety

(3P) Fire


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

Comment:

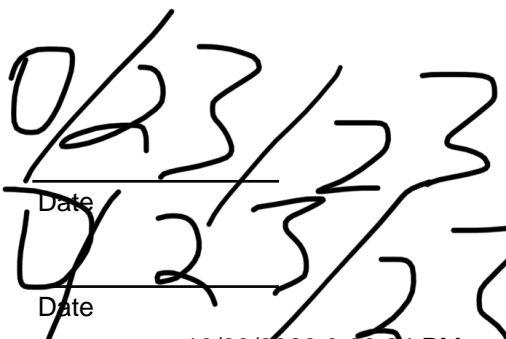
(3P)(b)(1) Fire-CCFFH without evidence that monthly fire drill were conducted. Last fire drill was 10/22.




Compliance Manager



Primary Care Giver



Date



Date