

Foster Family Home - Deficiency Report

Provider ID: 1-573700

Home Name: Elvira Fernandez, RN

Review ID: 1-573700-13

2385 Haumana Place

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 8/30/2023

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 (Issued on 8/30/2023)

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)-CG#2 TB clearance expired on 8/24/2023 with no current results present.

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

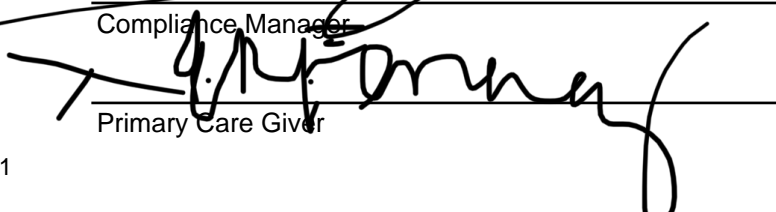
(3P)(a)(1) Fire Updated as necessary, when significant changes occur in the physical or mental condition of the client, or the structure of the home, and;

Comment:

(3P)(b)(1)-No monthly fire drill completed from 1/23-7/23



Compliance Manager



Primary Care Giver

8/30/23

Date

8/30/23

Date

8/30/2023 12:52:18 PM