

Foster Family Home - Deficiency Report

Provider ID: 1-210007

Home Name: Jasmin Sacamos, CNA

Review ID: 1-210007-7

91-947 Akaholo Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/17/2023

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/17/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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.(b)(2)- CG# 2, CG#4, and CG#7 did not have evidence of conducting a monthly fire drill within the past 12 months.

Compliance Manager

Primary Care Giver

Date

Date