

Foster Family Home - Deficiency Report

Provider ID: 1-562125

Home Name: Josette Falle, NA

Review ID: 1-562125-16

99-501 Kaholi Place

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 10/13/2023

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 written plan of correction due to CTA in 30 days of inspection (issued 10/13/2023)

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 drills completed from 10/22 through 9/23.



Compliance Manager



Primary Care Giver

10/13/23

Date

10/13/23

Date