

# Foster Family Home - Deficiency Report

Provider ID: 1-170005

Home Name: Larry Saladino, RN

Review ID: 1-170005-14

91-925 Ololani 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 3 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.

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:


(3P)(b)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year. CG#2 did not conduct a fire drill in the past 12 months.


## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG# 4 is not included on the policy.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

10/17/2023  
Date

10/17/2023  
Date