

Foster Family Home - Deficiency Report

Provider ID: 1-160032

Home Name: Glenda Pita, CNA

Review ID: 1-160032-12

760 Hoomalimali Street

Reviewer: Ryan Nakamua

Pearl City HI 96782

Begin Date: 1/29/2024

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 1/29/2024).

CCFFH requesting to increase from 2 to 3 beds.

Foster Family Home Personnel and Staffing [11-800-41]

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(e): CG#2, CG#3, and CG#4 currently approved for 2 client CCFFH. CCFFH requesting to increase to 3 bed.

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 evidence by CCFFH of monthly fire drills conducted monthly. No documentation provided by CCFFH of fire drill conducted 11/2023.



Compliance Manager



Primary Care Giver

1/27/24
Date

1/25/24
Date