Foster Family Home - Deficiency Report

Provider ID: 1-510166

Home Name: Annabelle Riel, LPN Review ID: 1-510166-14

94-125 Pahu Street #9 Reviewer: Deborah Baumgart

Waipahu HI 96797 Begin Date: 2/22/2024

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 visit made for a 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with the plan correction due to CTA within 30 days of inspection. (Issued 2/22/2024)

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#1 TB clearance lapsed on 12/20/2023 and was done on 1/17/2024.

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)-last monthly fire drill completed was 7/20/2023

Compliance Manager
Primary Care Giver

Date 2/22/2024 2:39:28 PM

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CTA RN Compliance Manager: Deboral Baung

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

	Annabelle
PCG's Name on CCFFH Certificate:	INMONDER

(PLEASE PRINT)

CCFFH Address: 04-155 Palw

St # 9 Unipal

H 96797

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
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46 (a)	Lapse cannot be		dates, Will schidule
	Largotia	2 - 1 -	one month in advan
	Carolleria	2/22/24	CG #1 W'III USC
			a check list to keep
			track of fire drills
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X	All items	that	were	fixed	are	attached	to	this	CAP
7			1/			1			

PCG's Signature:

Annabelle

Date: 2/22/20

