

Foster Family Home - Deficiency Report

Provider ID: 2-595861

Home Name: Lorylin Mirasol, CNA

Review ID: 2-595861-16

1397 Kuulei Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 4/19/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 5/16/24.

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:

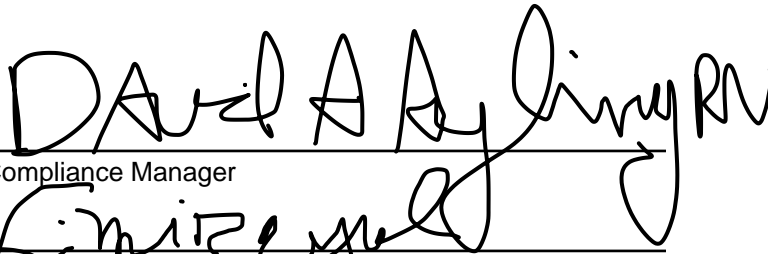
46.(a), (3P)(b)(3) Fire - CG #4 and CG #5 have not led a fire drill in the last year.

Foster Family Home Quality Assurance [11-800-50]

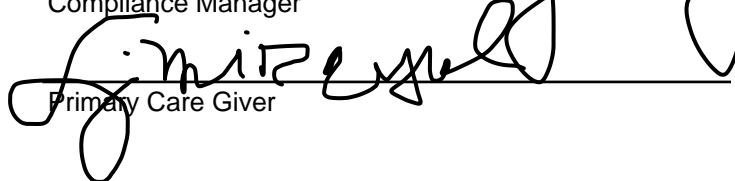
50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

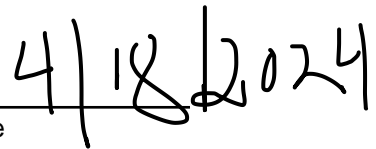
50.(a) - CG #1 does not have a completed Emergency Preparedness Plan present in the ccffh binder.



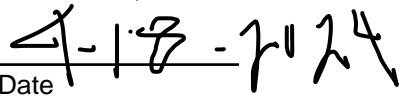
Compliance Manager



Primary Care Giver



Date



Date