

Foster Family Home - Deficiency Report

Provider ID: 1-578065

Home Name: Mari Angelene Maluyo, CNA

Review ID: 1-578065-15

2215 Auhuhu Street

Reviewer: Ryan Nakamua

Pearl City HI 96782

Begin Date: 4/4/2024

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 4/04/2024).

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

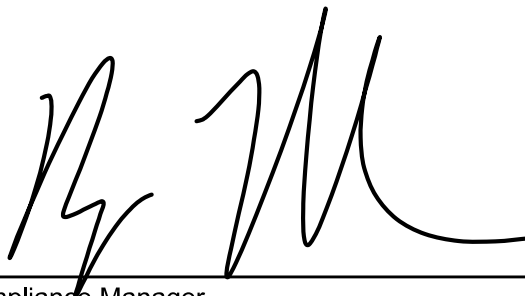
41.(b)(7): No documentation provided by CCFFH of current TB clearance for CG#4. Documents provided show TB clearance due by 3/04/2024.

Foster Family Home Fire Safety [11-800-46]

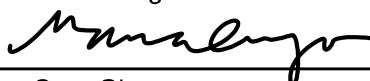
46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No documentation of fire drills were conducted monthly in the past 12 months. Last documented fire drill provided by CCFFH dated 09/10/2023.



Compliance Manager



Primary Care Giver

4/4/24
Date
4/4/24
Date