

Foster Family Home - Deficiency Report

Provider ID: 1-599045

Home Name: Minerva Cabang, CNA

Review ID: 1-599045-15

94-386 Honowai Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 4/11/2024

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: 4/11/2024)

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): Current TB clearance for CG#2 not signed by MD, APRN, or PA.

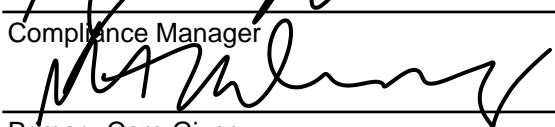
Foster Family Home Fire Safety [11-800-46]

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:

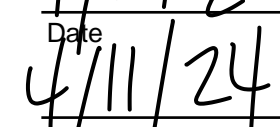
46.(a): No documentation provided by CCFFH of fire drill occurred in 3/2024.



Compliance Manager


Primary Care Giver



Date


Date