

# Foster Family Home - Deficiency Report

Provider ID: 1-180050

Home Name: Emisel Guittap, CNA

Review ID: 1-180050-11

94-770 Kupuohi Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/2/2024

## 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 via email on 5/2/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) - Last fire drill present in record was documented on 1/18/2024. No fire drill documentation present for Feb 2024 through April 2024.

46.(b)(2)- CG# 2 did not have evidence of conducting a monthly fire drill within the past 12 months.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date