			Foster Famil	y Home -	Deficie	ency Report	
Provider ID:	1-230078						
Home Name:	Allan Sild	ora, N	A	Review ID:	1-230078-3	3	
92-551 Palailai S	treet			Reviewer:	Po Lim		
Kapolei		ні	96707	Begin Date:	8/6/2024		
Foster Family	Home	Re	quired 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/6/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family H	Home Personnel and Staffing	[11-800-41]
41.(b)(8)	Have documentation of current training in blo resuscitation, and basic first aid.	bod borne pathogen and infection control, cardiopulmonary
Comment:		
	H did not have evidence of current CPR/Fin #5 is missing CPR/First Aid in the file.	rst Aid training for CG#1, CG#2, CG#3. It was due on/before

Foster Famil	ly Home	Fire Safety	[11-800-46]		
46.(a)	of the c		d maintain a record, in the home, of unannounced fire drills at different times s shall be conducted at least monthly under varied conditions and shall		
46.(b)(2)	All care	givers have been trained to impl	ement appropriate emergency procedures in the event of a fire.		
Comment:					

46.(a) - Last fire drill present in record was documented on 03/2024. No fire drill documentation present for July 2023 through November 2023, and April 2024 through July 2024.

46.(b)(2)- CG#2 and CG#5 did not have evidence of conducting a monthly fire drill within the past 12 months.

$\Lambda \Lambda$
KIN
Compliance Manager

Primary Care Giver

Date Date

Date