

# Foster Family Home - Deficiency Report

Provider ID: 1-120055

Home Name: Edita Magsipoc, CNA

Review ID: 1-120055-17

94-430 Kahualoa Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 8/22/2024

## 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 3 bed annual inspection.

Deficiency Report issued during CCFFH inspection via email on 8/22/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly to included each CG at least once per year. Last drill was conduct on 8/2023. CG#1, #2, and #4 did not conduct a fire drill for the past 12 months.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date