## Foster Family Home - Deficiency Report Provider ID: 1-563222 Home Name: Edward Baniqued, CNA Review ID: 1-563222-16

Po Lim

8/14/2024

91-803 Aiami Place Reviewer: Ewa Beach HI 96706 Begin Date:

## Foster Family Home Required Certificate [11-800-6] 6.(d)(1) Comply with all applicable requirements in this chapter; and

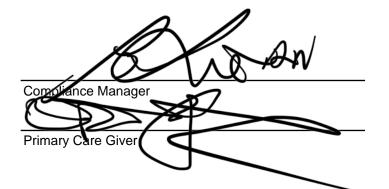
Comment:

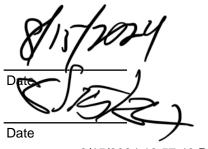
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/15/2024 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 (3P)(b)(6) Fire		onducted monthly de 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 fire drill conducted was on 9/23/2023. CG#2 did not conducted a fire drill for the past 12 months.





8/15/2024 12:57:48 PM