

# Foster Family Home - Deficiency Report

Provider ID: 1-140061

Home Name: Mary Rose Velez, CNA

Review ID: 1-140061-16

1628 Owawa Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 7/16/2024

## 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 CCFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued 7/16/2024)

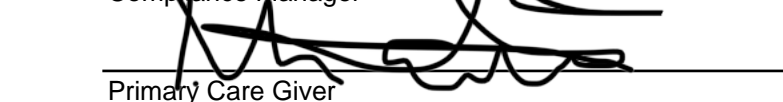
## Foster Family Home Fire Safety [11-800-46]

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)-Last fire drill completed was 7/3/2023.

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

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

7/16/24  
\_\_\_\_\_  
Date

7/15/24  
\_\_\_\_\_  
Date