

Foster Family Home - Deficiency Report

Provider ID: 1-170057

Home Name: Mary Vares, NA

Review ID: 1-170057-13

91-846 Makaonaona Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 7/29/2024

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/29/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#3. CG# 3 TB clearance expired, was due on/before 9/30/2023.

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 7/25/2023. No fire drill documentation present for August 2023 through June 2024.


46.(b)(2)- CG#1 and CG#2 did not have evidence of conducting a monthly fire drill within the past 12 months.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:


51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG#3 is not included on the policy.



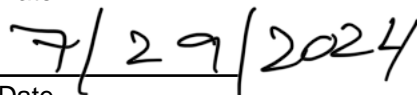
Compliance Manager



Primary Care Giver



Date



Date