

# Foster Family Home - Deficiency Report

Provider ID: 1-190085

Home Name: Noralyn Esta, NA

Review ID: 1-190085-11

94-363 Honowai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/8/2024

## 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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/8/24).

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#3's APS/CAN lapsed on 4/14/24 and no current result was present.

## 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)- CCFFH without a completed monthly fire drills for the months of February 2024, March 2024, and November 2023.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date