

Foster Family Home - Deficiency Report

Provider ID: 1-100089

Home Name: Severino Fernandez, CNA

Review ID: 1-100089-17

1344 Hoolaulea Street Unit A

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 11/4/2024

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 with a Plan of Correction due to CTA within 30 days of inspection.
(Issued 11/4/2024)

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety


(3P) Fire


1

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

Comment:

(3P)(b)(1)-last fire drill conducted 10/3/2023.



Compliance Manager


Primary Care Giver



Date

Date