

# Foster Family Home - Deficiency Report

Provider ID: 1-090054

Home Name: Florante Solis, CNA

Review ID: 1-090054-18

94-227 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/7/2026

## 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 1/7/26).

## 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)- No monthly fire drills present for the months of September 2025, October 2025, November 2025, December 2025. No nighttime fire drill conducted for the past 12 months.

## Foster Family Home Physical Environment [11-800-49]

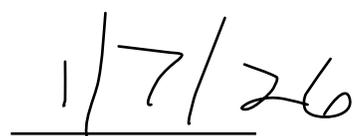
49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #2's bedroom window latches were broken. Unable to open/close windows. CCFFH's sliding door screen near the dining area was difficult to open/close.



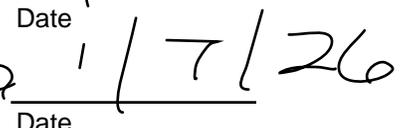
Compliance Manager



Date



Primary Care Giver



Date