

Foster Family Home - Deficiency Report

Provider ID: 1-220024

Home Name: Susan Dumbrigue, CNA

Review ID: 1-220024-9

91-1001 Hanakahi Street

Reviewer: Laurie Vosler

Ewa Beach HI 96706

Begin Date: 3/31/2026

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection. (03/31/2026)

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

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG# 3 & CG# 5 did not have evidence of conducting a monthly fire drill within the past 12 months.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P)(b)(2) The CCFFH did not have evidence that fire drills had been held at different times of the day, evening, and night/included each CG at least once per year.

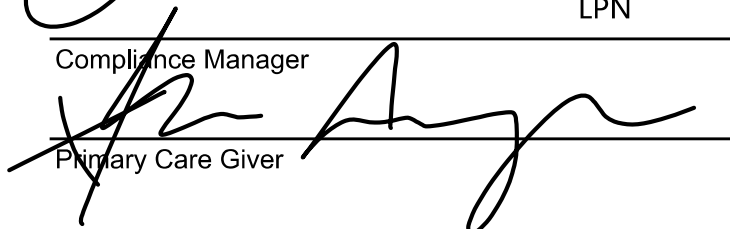


LPN

Compliance Manager

03/31/2026

Date



Primary Care Giver

03/31/2026

Date