

# Foster Family Home - Corrective Action Report

Provider ID: 1-525420

Home Name: Marilou Rivera, CNA

Review ID: 1-525420-5

94-595 Kipou St.

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 9/21/2015

End Date: 10/14/2015

**Foster Family Home**      **Required Certificate**      **[17-1454-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Home visit made on 9/21/2015 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/21/2015.

6 (d)(1) see applicable sections of this review.

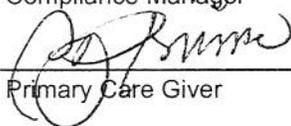
**3 Person Fire Safety, Natural Disaster**      **3 Person Fire Safety**      **[17-1454-45] (3P)**

45.(3P)(d) All caregivers and designated individuals must have been trained to implement appropriate emergency procedures in the event of a fire, natural disaster or other emergency.

Comment:

45.(3P)(d) The Home fire drill was conducted only by CG#1 and all other CGs did not conduct the fire drill.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

9/21/2015  
\_\_\_\_\_  
Date

9/21/2015  
\_\_\_\_\_  
Date

Date Ref 12, 2015

(45) The home now conducts fire drill monthly with different caregiver. Conducting the fire drill started October 2015, This will not happen again, because every month different care will conduct the fire drill.

Marilyn P. Rivera  
94-595 Kipou St.  
Waipahu, Hawaii  
96797

Date = Ref 12, 2015