

# Foster Family Home - Corrective Action Report

Provider ID: 1-120057

Home Name: Tereza Miranda, CNA

94-120 Hulahe Street

Waipahu HI 96797

Review ID: 1-120057-4

Reviewer: 

Begin Date: 9/8/2015

End Date: 9/09/2015

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

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

Comment:

Home visit for a 2 person recertification review made on 9/08/15.  
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 10/08/15.


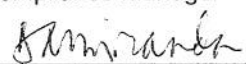
6.(d)(1) - see applicable sections of the review

**Foster Family Home**      **Fire Safety**      **[17-1454-45]**

45.(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:

45.(a)CG#2,5,6 did not lead fire drill in 2014

 /cm  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

9/09/15  
\_\_\_\_\_  
Date  
9/08/15  
\_\_\_\_\_  
Date

1-120057

## Corrective Action Plan - 9/8/2015

45.(A) CG# 2, 5, 6 did not lead fire drill in 2014

I will make sure all SG's do the fire drill in 2015  
in order for me to make sure they'll do this is to make a  
note or to make a reminder that it will not happen again.

T. Miranda  
TEREZA A MIRANDA