

# Foster Family Home - Corrective Action Report

Provider ID: 1-562901

Home Name: Emylyn Malapit, CNA

320 Kolekole Drive

Wahiawa HI 96786

Review ID: 1-562901-2

Reviewer:

Begin Date: 5/12/2015

End Date: 6/12/2015

## 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 5/12/2015 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/12/2015.

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

## Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) The home did not have the Emergency Preparedness Plan present.

Compliance Manager

  
Primary Care Giver

5/12/2015  
Date

5/12/2015  
Date

June 12, 2015

48.1(a) The home has an Emergency Preparedness Plan (EPP) in place on the booklet. All Caregivers signed the Emergency Preparedness Plan. In the future, the home will always have the Emergency Preparedness Plan present.

Remylyn Malapit  
Signed

June 12, 2015  
Date

320 Kotekote Dr.  
Wahiawa HI 96786