

Foster Family Home - Corrective Action Report

Provider ID: 1-090099

Home Name: Judilyn Arruda, CNA

Review ID: 1-090099-4

45-182 Keana Road

Reviewer:

Kaneohe HI 96744

Begin Date: 6/23/2015

End Date:

6/23/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for recertification of 3 bed home on 6/23/2015. A corrective action report was given with all items due by 7/23/15.

Refer to appropriate section of this review.

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

[17-1454-45] (3P)

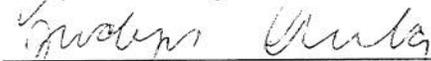
45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.(3P)(b)(6) No record of fire drill by CG's #2 and #3



Compliance Manager



Primary Care Giver

6/23/15

Date

6/23/15

Date



Foster Family Home - Corrective Action Report

Provider ID: 1-090099

Home Name: Judilyn Arruda, CNA

Review ID: 1-090099-4

45-182 Keana Road

Reviewer:

Kaneohe HI 96744

Begin Date: 6/23/2015

End Date:

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

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

Comment:

Home visit for recertification of 3 bed home on 6/23/2015. A corrective action report was given with all items due by 7/23/15.

Refer to appropriate section of this review.

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

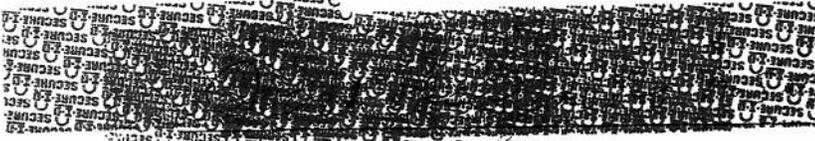
45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.(3P)(b)(6) No record of fire drill by CG's #2 and #3

I Judilyn Arruda PCG shall include all my SCG's at least once a year to conduct a fire safety, natural disaster drill after today.

After my visit I gathered all of my SCG's to conduct a fire drill and I promise to also put it on my calendar to remind myself. Thank You



Judilyn Arruda

Primary Care Giver

6/29/15
Date
6/23/15
Date

