

Foster Family Home - Corrective Action Report

Provider ID: 1-100039

Home Name: Petty Basa, NA

94-249 Paiwa Street

Waipahu

HI 96797

Review ID: 1-100039-3

Reviewer:

Begin Date: 3/3/2015

End Date: 3/7/15

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

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

Comment:

Home visit for a 2 person recertification review made on 3/3/15.
Corrective Action Report issued during home visit with all items due to CTA by 4/3/15.

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

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - No 2nd year APS/CAN done in 2014 for all CG's.

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) - All SCG's have not lead a fire drill in the last year.

Compliance Manager

Primary Care Giver

Date

Date

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

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Comment:

45.(a) - All SCG's have not lead a fire drill in the last year.

7.1(a)(2) - I HAVE READ THE RULE AND HAVE DONE APS/CAN IN 2015 FOR ALL CG'S.

45(a) - I WILL SCHEDULE FIRE DRILLS TO BE LEAD BY EACH SCG THIS YEAR.

I WILL PLACE ALL EXPIRATION DATES ON MY CALENDAR AND SCG'S TO LEAD FIRE DRILLS.

Compliance Manager

PETTY C. BASA

Primary Care Giver

3/3/15
Date

03/03/2015
Date