

Foster Family Home - Corrective Action Report

Provider ID: 1-587446

Home Name: Rosalina Balmilero, CNA

Review ID: 1-587446-4

94-817 Hohiu Place

Reviewer:

Waipahu HI 96797

Begin Date: 10/28/2015

End Date:

10/28/15

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

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

Comment:

Recertification appointment for 3 client home on 10/28/2015. Corrective action report issued during review with corrective action plan due by 11/28/2015. See applicable sections 6.(d)(1)

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#4, and CG#5 did not lead fire drill in 2014

Rosalina Balmilero

Primary Care Giver

10/28/15
Date

10/28/15
Date

Date

Rosalina Baloniew

Corrective action Plan

Def. 28, 2015

Citation # 45

Caregivers # 4 and # 5 missed to do fire drill for the year of 2014.

To prevent from happenings I will let them do the fire drill when they come and take care my clients which they come ^{than} none 1 or 2 to 3 times a year.

~~all~~ Baloniew 10/28/2015