

Foster Family Home - Corrective Action Report

Provider ID: 1-140040

Home Name: Yong Suk Rho Morita, CNA

Review ID: 1-140040-2

98-1910 Kaahumanu Street
#U

Reviewer:

Pearl City HI 96782

Begin Date: 5/11/2015

End Date:

6/10/2015

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 5/11/2015 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/11/2015.

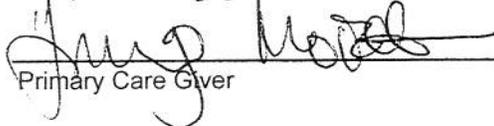
Foster Family Home Fire Safety [17-1454-45]

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(b)(2) The home did not have documentation of all CGs performing fire drill present.

Compliance Manager


Primary Care Giver

5/11/2015

Date

5/11/15

Date

To: CTA &

From: Yongsuk Rho Morita

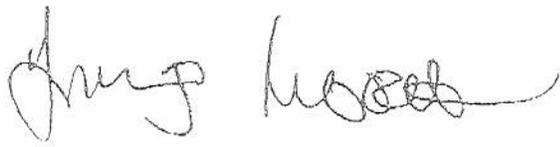
98-1910 kaahumanu St # U Peary City HI 96782
Tel

Jun 08, 2015

we understand to fallow the rules
Fire Safety #17-1454-45 (b.2.)
We all careglver and HHM have been traied to
Implement appropiate emergency procedure In the
All fire.

We performing fire drills on April , May and Jun.
We signature and below

1 PCG : Yongsuk Rho Morita

 6/8/201