

Foster Family Home - Corrective Action Report

Provider ID: 3-626070

Home Name: Almira Acasio, CNA

Review ID: 3-626070-5

76-8183 Hoiulaloa Beach Road

Reviewer:

Kailua-Kona HI 96740

Begin Date: 11/23/2015

End Date:

11/23/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Survey performed on 11/23/15 for random/unannounced survey of three client home. Home not in compliance on day of survey. Corrective action report issued with plan of correction due to CTA on 12/23/15.

Foster Family Home

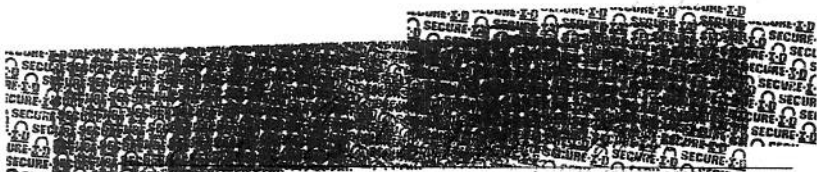
Fire Safety

[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) 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. No record of monthly fire drills since 2013.



Compliance Manager

Almira L. Acasio

Primary Care Giver

12/10/15
Date

12-15-15
Date

Signed Certified
[Signature]

Date : December 14, 2015

To

Community Ties of America
45-955 Kamehameha Highway, Suite 300
Kaneohe, HI 96744

From : Almira Acasio /Provider ID: 3-626070

RE : Corrective Action Plan (Review ID: 3-626070-5)

HAR 17-1454-6

6.(d)(1) – Comply with applicable Requirements in this chapter ...(Required Certificate - In-Service Certificate Expired)

Corrective Action plan – Ensure that all certificate will be up to date by making a yearly schedule of all certificates required (APS, BBP, CPR/FA, In-Services, ECRIM, etc) with due dates and tentative schedules to take. Yearly Schedule will be posted on the fridge to act as a reminder and, also to be programmed on my cell phone setting a reminder dates.

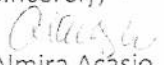
HAR 17-1454-45

45. (a) Fire Safety

Corrective Action Plan – Make a monthly fire drill schedule to be posted on the fridge to act as a reminder and also to be programmed on my cellphone setting a reminder dates. Make sure that fire drill forms be filed on the provider binder.

Note: I have a fire drill monthly but during the random visit it was not filed on the provider binder. It was misfiled to one of my patient binder. I was inspected on July 2014 and the time I didn't noticed that my fire drill was filed on the patient binder.

Sincerely,


Almira Acasio
Acasio Foster Family Home
Provider 3-626070

signed certified
RECEIVED
BY: 