

# Foster Family Home - Corrective Action Report

Provider ID: 1-597841

Home Name: Elena Etrata, CNA

Review ID: 1-597841-4

1212 Palamea Lane

Reviewer:

Honolulu HI 96817

Begin Date: 5/1/2015

End Date: 5/5/2015

## 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 5/1/15.  
Corrective Action Report issued during home visit with all items due to CTA by 6/1/15.

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

## 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 CG's have not lead a fire drill at least once this year.

## Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) - All CG's have not signed Emergency Preparedness Plan.

  
Compliance Manager

*Elena C. Etrata*  
Primary Care Giver

5/1/15  
Date

5/1/15  
Date

May 5, 2015

To:

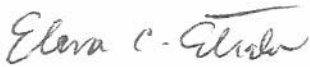
Community Ties of America  
45-955 Kamehameha highway, suite 300  
Kaneohe Hawaii 96744

From: Elena Etrata PCG  
1212 Palamea Ln  
Honolulu Hawaii 96817

Dear

Please find attached Emergency Preparedness Plan signed by all SCG and PCG, and a dated signed by the PCG to Rule 45 (a) and Rule 48.1 (a) to complete my corrective action plan report.

Sincerely,



Elena C. Etrata  
PCG

MAY 07 2015

