

Foster Family Home - Corrective Action Report

Provider ID: 1-140012

Home Name: Evelyn Curameng, CNA

Review ID: 1-140012-2

94-135 Waialele Road

Reviewer:

Waipahu HI 96797

Begin Date: 4/15/2015

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 4/15/2015 for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 5/15/2015.

6 (d)(1) see applicable sections of this review.

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) At time of review, the home did not have documented internal emergency management policies and procedures for emergency situations.



Compliance Manager

Evelyn A. Curameng
Primary Care Giver

15 April 2015
Date

April 15, 2015
Date

Jun 23 15:03:21p

23-Jun-2015 02:10

May 19 15:08:05a

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Foster Family Home - Corrective Action Report

Provider ID: 1-140012

Home Name: Evelyn Curameng, CNA

Review ID: 1-140012-2

84-135 Waialeale Road

Reviewer:

Waipahu

HI

96797

Begin Date: 4/15/2015

End Date: 6/10/2015

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

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Comment:

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

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Comment:

48.1.(a) At time of review, the home did not have documented internal emergency management policies and procedures for emergency situations.

May 11, 2015 EAC

I have completed the Emergency Preparedness Procedure. It is in place in the home folder.

This will not happen again cause I will keep this in the home folder at all times. EAC



25 April 2015
Date

April 15, 2015
Date

48.01 A

Page 1 of 1

Evelyn A. Curameng
Primary Care Giver
Evelyn Anchetta Curameng
94-1001 Lumihooku St.
Waipahu, Hawaii 96797

4/15/2015 17:14 PM
May 11, 2015 EAC