

Foster Family Home - Corrective Action Report

Provider ID: 1-150063

Home Name: Flordeliza S. Onaga, CNA

Review ID: 1-150063-1

94-1209 Henokea St.

Reviewer:

Waipahu HI 96797

Begin Date: 10/28/2015

End Date: 11/10/2015

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

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

Comment:

6 (d)(1) The NEW Home visit made on 10/28/2015 for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 11/11/2015.

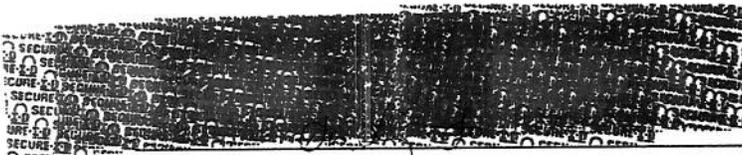
6 (d)(1) see applicable sections of this review.

Foster Family Home Physical Environment [17-1454-48]

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

48.(a)(2) The home toilet for clients does not have a grab bar present.



Compliance Manager

Flordeliza S. Onaga

Primary Care Giver

10/28/2015

Date

10/28/2015

Date

WRITTEN PLAN OF CORRECTION

Date : November 5, 2015

48(a)(2)

In compliance to the above cited correction of plan, a grab bars in bath and toilet rooms has been permanently installed and ready for use by clients.

A picture is hereto attached for reference

Thank you.

November 5, 2015

Flordeliza S. Onaga

FLORDELIZA S. ONAGA
94-1209 Henoeka St.
Waipahu HI 96797