

Foster Family Home - Corrective Action Report

Provider ID: 1-140030

Home Name: Aileen Ramirez, CNA

Review ID: 1-140030-3

94-006 Poailani Circle

Reviewer:

Waipahu

HI 96797

Begin Date: 2/22/2016

End Date: 3/04/16

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

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

Comment:

Recertification visit made on 2/22/16 for a 2 client CCFFH and change from 2 to 3 client CCFFH. Corrective action report issued at time of review see applicable sections 6.(d)(1). Corrective action plan due by 3/22/16

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)CG: [redacted] did not lead a fire drill in 2015

Compliance Manager

[redacted signature]

Primary Care Giver

0

2/22/16
Date

02/22/16
Date

Mar 04 16 03:54p

& Aileen Ramirez

Aileen Ramirez

March 3, 2016

45a – CG [REDACTED] will lead fire drill at least once in 2016. To prevent this happening, will place on calendar for who is to lead fire drill each month. Check calendar who is on schedule to lead fire drill in a regular basis.

[REDACTED]

AILEEN V. RAMIREZ