

# Foster Family Home - Corrective Action Report

Provider ID: 1-562472

Home Name: Anita Locquiao, CNA

Review ID: 1-562472-4

4429 Likini Street

Reviewer:

Honolulu HI 96818

Begin Date: 5/18/2016

End Date: 5/18/16

## 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 [REDACTED]. Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

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) - CG [REDACTED] has not lead a

May 18, 2014 3PM

To: CTA

45-a sent CTA form showing  
a [redacted] done and lead by CG [redacted]

I now understand rule 45 and  
will have all CG lead a  
at least once every year.

[redacted]