

Foster Family Home - Corrective Action Report

Provider ID: 1-563933

Home Name: Elenita Vitug, CNA

Review ID: 1-563933-4

91-763 Kilipoe Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 5/10/2016

End Date: 5/18/2016

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 [REDACTED] for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA [REDACTED]

6 (d)(1) see applicable sections of this 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 [REDACTED] at different times of the day, evening, and night [REDACTED] shall be conducted at least monthly under varied conditions and shall include the [REDACTED]

Comment:

45.(a) The Home completed unannounced [REDACTED]

Written Plan of Correction:

[REDACTED]

45.(a) The Home completed unannounced [REDACTED]

This one will not happen again will follow the HAR.

[REDACTED]

RECEIVED
BY: