

Foster Family Home - Corrective Action Report

Provider ID: 1-100054

Home Name: Gloria Agtang, CNA

Review ID: 1-100054-5

1043 Puolo Drive

Reviewer:

Honolulu HI 96818

Begin Date: 5/17/2016

End Date: 6/13/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit [REDACTED] for recertification review of 3 client home. A corrective action report was issued at time of review with corrective action plan due [REDACTED].

6.(d)(1) Refer to appropriate sections of this review.

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

[17-1454-45] (3P)

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.(3P)(b)(6) No evidence of CG [REDACTED] participating in fire drill for past year.

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Home Name: Gloria Agtang, CNA

1043 Puolo Drive

Honolulu

HI 96818

Review ID: 1-100054-6

Reviewer:

Begin Date: 5/17/2016

End Date:

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

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

Comment:

Home visit [redacted] for recertification review of 3 client home. A corrective action report was issued at time of review with corrective action plan due [redacted]

6.(d)(1) Refer to appropriate sections of this review.

**3 Person Fire Safety, 3 Person Fire Safety [17-1454-45] (3P)
Natural Disaster**

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.(3P)(b)(6) No evidence of CG [redacted] participating in fire drill for past year.

Good Day,
Community Ties of America, Inc.
ATTN:

Subject: FIRE DRILL FOR CG [redacted]
FIRE DRILL FOR CG [redacted]

* I will teach all my secondary caregivers to conduct a Fire Drill (1) once a year, and to reminder me the dates I put all in my phone.

Thank you.