

Foster Family Home - Corrective Action Report

Provider ID: 1-140028

Home Name: Maricor Malvar, CNA

94-1007 Hiapo St.

Waipahu

HI 96797

Review ID: 1-140028-5

Reviewer:

Begin Date: 3/8/2016

End Date: 3/09/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Recertification visit for 3 client CCFH. Corrective action report issued during review and corrective action plan due to CTA
See applicable sections 6.(d)(1)

Foster Family Home Fire Safety

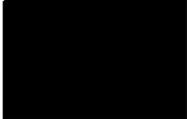
[17-1454-45]

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#3,4 did not lead fire drill

Corrective Action Plan

45 - Caregiver 3,4 - Didn't lead fire drill 

- I will put on my calendar each substitute caregiver to lead at least once a year.
 - I will check monthly who ever due each month.
 - I will also put on my cellphone reminder, so I won't forget.
- 