

# Foster Family Home - Corrective Action Report

Provider ID: 5-140026

Home Name: Marites Anacleto, CNA

Review ID: 5-140026-3

3815 Uakea Place

Reviewer:

Lawai HI 96756

Begin Date: 6/16/2016

End Date: 7/22/16

## 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 made on 6/16/2016 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 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.

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(a) No night fire drill completed in the home.

45.(b)(2) CG#2 and CG#3 did not conduct fire drill in the home.

Compliance Manager

*Marites Anacleto*

Primary Care Giver

Date

*6-16-16*

Date

"Written Plan of Correction"

7-27-2016

45.(a) The home conducted night fire drill [REDACTED].

This will not happen again in the future because, the home will plan to conduct fire alternately during days, evenings, and nights.

[REDACTED]

45.(b)(2) The home conducted the fire drill by:  
CG #2 [REDACTED] and  
CG #3 conducted [REDACTED]

This will not happen again in the future because, the home will have a schedule for different CG's to conduct fire drill. So every CG will conduct at least once a year.

Marites Anacleto

7-27-2016  
3815 UAKEA PL.  
LAWAI, HI 96765