

Foster Family Home - Corrective Action Report

Provider ID: 1-140020

Home Name: Mylene U. Maballo, CNA

Review ID: 1-140020-5

94-860 Lumiiki St.

Reviewer:

Waipahu HI 96797

Begin Date: 5/25/2016

End Date: 6/6/2016

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 3-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.

Comment:

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

Written Plan of correction



45. (a) The home now completed night fire drill.

This one will not happen again in the future because the home will follow the Hawaii Administrative rules for conducting fire drills Day, evening and nights.

