

Foster Family Home - Corrective Action Report

Provider ID: 4-591843

Home Name: Imelda Albano, CNA

Review ID: 4-591843-2

386 Kahiki Street

Reviewer:

Kahului HI 96732

Begin Date: 9/28/2016

End Date: 9/29/16

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

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/28/16. Corrective Action Report issued during home visit with all items due to CTA by 10/28/16.

6.(d)(1) - see applicable sections of the review

Foster Family Home Fire Safety [17-1454-45]

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

Comment:

45.(b)(2) - No SCG's have lead at least one fire drill once per year.

Foster Family Home Fiscal Requirements [17-1454-49.1]

49.1.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

49.1.(b) - CG #1 not maintaining a record of income and expenses.

Compliance Manager

Imelda Albano

Primary Care Giver

Date

9/28/16

Date

FOSTER FAMILY HOME - CORRECTIVE ACTION REPORT

PROVIDER: 4-591843

Home Name - JIMELDA XUBAND CNA

386 KATHY STREET

45.(b)(2)

I SENT CTA, A SCHEDULE OF FIRE DRILLS THAT WILL HAVE XU SCG'S LEAD A FIRE DRILL ON 10/3/16.

49.1(b) - I SENT CTA A COMPLETED BUDGET USING THE CTA FROM A 10/3/16.

I NOW UNDERSTAND RULE 45 & 49 AND WILL MAINTAIN MONTHLY FIRE DRILLS LEAD BY XU CG'S AND I WILL MAINTAIN A MONTHLY BUDGET.

Jimelda O. All

9/29/16