

# Foster Family Home - Corrective Action Report

Provider ID: 1-160074

Home Name: Analyn Kagimoto, CNA

3737 Waialae Ave

Honolulu

HI 96816

Review ID: 1-160074-1

Reviewer:

Begin Date: 10/19/2016

End Date: 10/31/16

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

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

Comment:

6 (d)(1) New Home visit made on 10/19/16 for a 2 bed certification. Corrective action report issued during home visit with correction action plan due to CTA on 11/4/16.  
6(d)(1) see applicable sections of this review

**Foster Family Home Quality Assurance [17-1454-48.1]**

48.1.(a)(5) Fire; and

Comment:

48.1 (a)(5) No fire extinguisher present in home

Compliance Manager

*Analyn Kagimoto*

Primary Care Giver

Date

*10-19-16*

Date

Community Trust of America

fr: Anayln Kagimoto

**CORRECTIVE ACTION PLAN**

10/25/16

48 (a)(5)

The PCG purchased a fire extinguisher on 10/20/16 and placed it in the kitchen with the receipt of purchase.

The PCG will mark the home's calendar to check the fire extinguisher annually to ensure that it is operable.

Anayln Kagimoto

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