Foster Family Home - Corrective Action Report

Provider ID:	1-120042			and the second s			
Home Name:	Herbert Sales,	NA	Review ID:	1-120042-4	e menoren en riikide die bestende deutsche die State (die State (d	A CONTRACTOR OF THE PROPERTY O	
94-1112 Lumiku	la Street		Reviewer.	David Ayling		1 01.1	
Waipahu	HI	96797	Begin Date:	11/17/2016	End Date:	11/18/16	
Foster Family	Home Re	equired Certific	au.	117	74546]		
6.(d)(1)	Comply with a	all applicable requi	irements in this cha	pter; and			
Comment:					• • • • • • • • • • • • • •	******	
Home visit for a visit with all ite	a 2 person CCFI ms due to CTA t	FH recertification by 12/7/16.	n review made or	n 11/17/16. Cor	rective Action	Report issued duri	ng home
6.(d)(1) - see a	pplicable section	ns of the review					
Foster Family	Hôme Po	ersonnel and Si	affing	107	1454-41]		
41.(a)(2)	Be a NA, an L	.PN, or a RN;					
Comment:						*************	
41.(a)(2) - No (current CNA cert	tificate for CG#2	2.				
Foster Family	Home Fi	re Safety			:[454-45]		
45.(a)	of the day, eve	all conduct, documening, and night. sting of smoke del	Fire drills shall be o	a record, in the he conducted at leas	ome, of unanno t monthly under	unced fire drills at diff varied conditions and	erent times d shall
Comment:			*******				
45.(a) - CG #2	has not lead a fi	ire drill in the las	t 12 months.				

Compliance Manager

Primary Care Giver

Date

Date

Sales

November 17, 2016

To whom it may concern,

This is regarding to my Foster Family Home – Correction Action Report;

41. (a) (2) – I sent CTA a current CNA Certificate for CG#2 on 11/17/16.

45. (a) - I sent CTA a Fire Drill Form showing CG#2 leading the fire drill on 11/17/16

I now understand above rules and will keep all paperwork, including CNA certificates in my CTA binder for all caregivers. I will do this when I hire them. I will have all caregivers lead a fire drill at least once a year.

Primary Care Giver Herbald Sales Date 11/18/16