

Foster Family Home - Corrective Action Report

Provider ID: 1-100015

Home Name: John Ignacio, NA

Review ID: 1-100015-5

91-1011 Kumimi Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 11/2/2016

End Date: 11/13/16

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 11/2/16. Corrective Action Report issued during home visit with all items due to CTA by 12/1/16.

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

Foster Family Home Quality Assurance

[17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) - Emergency Preparedness Plan not signed by all CG's.

Compliance Manager

Primary Care Giver

Date

Date

48.1(a) - I sent CTA a signed Emergency Preparedness Plan on 11/3/16.

-now I understand the rule 48 and will have all my caregivers sign the EPP when I hire them.

Ignacio 11/13/16
JOHN P.A. IGNACIO