

# Foster Family Home - Corrective Action Report

Provider ID: 1-100055

Home Name: Carmelita Macalutas, CNA

Review ID: 1-100055-6

91-1055 Uouoa Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 11/28/2016

End Date: 11/30/16

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

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

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Comment:

Home visit for a 3 person CCFFH recertification review made on 11/28/2016. Corrective action report issued during home visit with all items due to CTA by 12/28/16.

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

**Foster Family Home      Physical Environment      [17-1454-48]**

48.(a)(5)      An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

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Comment:

48(a)(5) Fire extinguishers in home have expired and shows inadequate pressure.

\_\_\_\_\_  
Compliance Manager



\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

11/28/16

\_\_\_\_\_  
Date

Nov 30 16 06:56a

Carmelita Macalutas


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WRITTEN PLAN OF CORRECTION

11/28/16

48(a)(5) Fire extinguisher in home have expired and shows inadequate pressure.

Replaced old fire extinguishers with new fire extinguishers. The home will maintain an annual inspection and document the date inspected.



Carmelita Macalutas

91-1055 Uouoa Street

Ewa Beach, HI 96706

11/28/16