

# Foster Family Home - Corrective Action Report

Provider ID: 1-561119

Home Name: Ophelia Pabalan, CNA Review ID: 1-561119-5

94-441 A Kiau Place Reviewer:

Waipahu HI 96797 Begin Date: 12/7/2016 End Date: 12/13/16

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 3 person CCFFH recertification review made on 12/7/16. Corrective Action Report issued during home visit with all items due to CTA by 1/7/17.

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

*Ophelia Pabalan*

Primary Care Giver

Date

*12-7-16*

Date

12-10-2016

To whom it may concern,

48.1(a) - I have sent CTA my signed

Emergency Preparedness Plan on 12-09-2016 -

I now understand the rule and will have all new caregivers read + sign my Emergency Preparedness Plan when I hire them

Ophelia Pabalán 12-10-16

OPHELIA PABALAN