

Foster Family Home - Corrective Action Report

Provider ID: 1-594673

Home Name: Divina Mapanao, CNA

91-1643 Auwaha Street

Ewa Beach HI 96706

Review ID: 1-594673-5

Reviewer:

Begin Date: 1/13/2017

End Date: 2/13/2017

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

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

Comment:

6 (d)(1) Home visit made on 1/13/2017 for a 2-bed recertification requested to change to 3-bed. Corrective action report issued during home visit with corrective action plan due to CTA on 2/13/2017

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

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) Current TB clearance for CG#3 not present in the home.

Foster Family Home Fire Safety [17-1454-45]

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(b)(2) Document for conducting fire drill not done for CG#2.

Compliance Manager



Primary Care Giver

Date

01/13/2017

Date

91-1643 Auwaha St.
Ewa Beach, HI 96706
February 9, 2017

Written Plan of Correction:

① 41(B)(1) SCG #3 Completed TB Clearance on 01-25-2017.
To prevent this happen, I will remind my SCG a month
ahead of time.

② 45(B)(2) SCG #2 Conducted a fire drill on February 05, 2017.
From now on I will train all my SCG to conduct the
fire drill.

Sign:



DIVINA A. MAPANAO
PCG