

Foster Family Home - Corrective Action Report

Provider ID: 1-160083

Home Name: Alwyn Bonoan, CNA

1419 Kokea St.

Honolulu

HI

96817

Review ID: 1-160083-2

Reviewer: David Ayling

Begin Date: 9/7/2017

End Date:

9/8/17

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 CCFH recertification review made on 9/7/17. Corrective Action Report issued during home visit with all items due to CTA by 10/7/17.

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

Foster Family Home

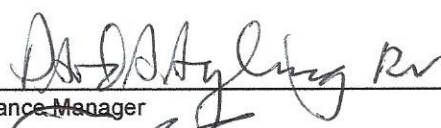
Fire Safety

[17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

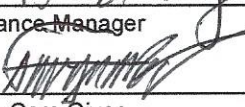
Comment:

45.(a) - No fire drills conducted by any CG since first patient was admitted in January 2017.


Compliance Manager


Date

9/7/17


Primary Care Giver


Date

9.7.17

45. (a) - I will now be conducting fire drills every month and recording the drill on the CTA fire drill form. I will have my SCG; conduct a fire drill at least once a year.

ALWYN BONDAN



9.7.17

Signature and Date