

Foster Family Home - Corrective Action Report

Provider ID: 5-160088

Home Name: Crystal Alcantara, RN

5365 Olopuu Street

Kapaa

HI 96746

Review ID: 5-160088-2

Reviewer: Sue Lo

Begin Date: 12/4/2017

End Date: 12/13/2017

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 for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 01/04/2018.

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) Night fire drill not present in the home.



Compliance Manager

12/4/2017
Date



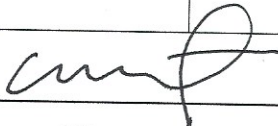
Primary Care Giver

12/4/17
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: ALVANTARA FOSTER CARE HOME
 CCFFH Address: 5365 Olapu Street Kapag H/ 96746

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45(a)	Fire drill was done at night time 2030 by PCG in less than 3 minutes.	12/4/17	Fire drill will be done monthly day + night in 3 minutes or less than 3 minutes. Fire will be done unannounced different times of the day, evening, and night.

Primary Caregiver's Signature: 

Print Name: CRYSTAL VINCENTA
ALVANTARA

Date of Signature: 12/4/17