

Foster Family Home - Corrective Action Report

Provider ID: 5-100038

Home Name: Marysol Ganotisi, CNA

Review ID: 5-100038-7

4272 Kailewa Street

Reviewer:

Lihue HI 96766

Begin Date: 12/6/2017

End Date: 12/14/2017

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 1/6/2018.

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.

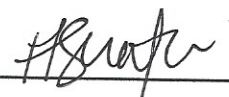
Comment:

45.(b)(2) Fire drill documentation not present for CG#4.



Compliance Manager

12/6/17
Date



Primary Care Giver

12.06.17
Date

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

CCFFH Name: Ganotisi Foster Family Home
 CCFFH Address: 4272 Kaitewa St. Lihue HI 96766

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45.(b)(2)	CG # 4 completed fire drill at 8:30 pm.	12-08-17	From now on all CG's will be trained to conduct un-announced fire drill and emergency procedures.

Primary Caregiver's Signature: *Marysol*

Print Name: Marysol Ganotisi

Date of Signature: 12-08-17