

Foster Family Home - Corrective Action Report

Provider ID: 1-120001

Home Name: Starlyn Cabading, CNA

Review ID: 1-120001-6

91-1061 Kauiki Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 11/29/2017

End Date: 12/20/17

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 3 person CCFFH recertification review made on 11/29/17. Corrective Action Report issued during home visit with all items due to CTA by 12/29/18.

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

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

[17-1454-45] (3P)

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.(3P)(b)(6) - All SCG's have not lead a fire drill in the last 12 months.

Compliance Manager

Primary Care Giver

Date

Date

DA DA Ayling R

Scabading

11/29/17

11/29/17

December 20, 2017

To whom it may concern,

45.(3P)(b)(6) - I [redacted]; made
a new scheduled with all SCG's scheduled
to lead a fire drill in the next 4 months.
I will schedule all SCG's to lead a fire
drill at least once a year. Thank you!

Sincerely Yours,

Starlyn Cabading

Cabading 12-20-2017