

Foster Family Home - Corrective Action Report

Provider ID: 1-170025

Home Name: Leonarda Balais, CNA

94-616 Kahekea St.

Waipahu HI 96797

Review ID: 1-170025-2

Reviewer: Sue Lo

Begin Date: 2/12/2018

End Date: 2/12/2018

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 3/12/2018.

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

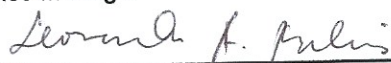
45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(b)(2) Documentation for unannounced fire drill not present in the home for CG#4 and CG#5.



Compliance Manager



Primary Care Giver

2/12/2018
Date

2/12/2018
Date

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

CCFFH Name: LEONARDA A. BALAIS

CCFFH Address: 94-616 KAHAKA ST. WAIPAHU HI 96747

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45.b.2	Un-announced fire drill done by CG #4. Fire drill form placed in home binder.	Feb. 13, 2018	Un-announced fire drill will be done by CG #5 the following month. And all care givers will be trained to conduct fire drill at least once a year. I have a schedule to conduct fire drill by each caregiver and posted on the kitchen wall.

Primary Caregiver's Signature: Leonarda A. Balais

Print Name: LEONARDA A. BALAIS

Date of Signature: Feb. 13, 2018