

Foster Family Home - Corrective Action Report

Provider ID: 1-561119

Home Name: Ophelia Pabalan, CNA

Review ID: 1-561119-7

94-441 A Kiau Place

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 2/2/2018

End Date: 2/6/2018

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 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 3/02/2018.

Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:


48.1.(a) Emergency Preparedness Plan not present in the home.

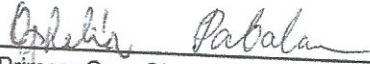
Foster Family Home Records [17-1454-52]

52.(a)(3) A list of applicable community resources.

Comment:

52.(a)(3) List of community resources not present in the home.


Compliance Manager


Primary Care Giver

2/2/2018
Date

02-02-18
Date

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

CCFFH Name: Opheelia Pabalan
 CCFFH Address: 94-441A Keau Pt. Waipahu Hi 96799

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48.1.a	Downloaded Emergency Preparedness plan.	2-04-18	Emergency Preparedness plan. Signed by PCY & all SCY Plan kept in home binder.
52.9.3	Downloaded resource list	02-04-18	Resource list kept in home binder at all times.

Primary Caregiver's Signature: Opheelia Pabalan

Print Name: Opheelia Pabalan Date of Signature: 02-04-18