

# Foster Family Home - Corrective Action Report

Provider ID: 1-599063

Home Name: Carina Ocampo, CNA

Review ID: 1-599063-5

94-1215 Kahualina Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 3/23/2018

End Date: 3/24/2018

**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 person CCFH recertification survey.  
A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 4/23/18.

**3 Person Fire Safety, 3 Person Fire Safety [17-1454-46] (3P)**  
**Natural Disaster**

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

Comment:

45(3P)(b)(6)-No fire drill conducted at least once in the year by CG#2-CG#4.

Carrie Wakai  
Compliance Manager

3-23-18  
Date

CARINA OCAMPO  
Primary Care Giver

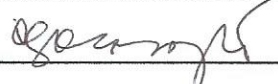
3-23-18  
Date

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

CCFFH Name: carina ocampo

CCFFH Address: 94-1215 kahuaaina st., waipahu, Hi 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45(3P)(b) (6)	CG#2 is scheduled to do the next fire drill in 4/5/18; CG#3 will do a fire drill on 5/5/18; and CG#4 is scheduled for 6/6/18.	3/24/18	I have marked my calendar of the scheduled monthly fire drill. I will inform my SCGs of their dates to conduct a fire drill which is required at least once per year.

Primary Caregiver's Signature: 

Print Name: CARINA OCAMPO

Date of Signature: 3-24-18