

Foster Family Home - Corrective Action Report

Provider ID: 1-130013

Home Name: Glenda Garcia, RN

Review ID: 1-130013-5

94-1206 Hinaea St.

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 4/17/2018

End Date: 5/9/2018

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 5/17/2018.

Foster Family Home

Physical Environment

[17-1454-48]

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

48.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and


48.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

Comment:

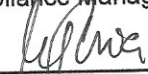
48.(a)(2) Grab bars not present in the bath and toilet rooms.

48.(a)(5) Fire alarm not present in the home.

48.(a)(6) Ramp to exit not present in the home.



Compliance Manager



Primary Care Giver

4/17/2018

Date

4/17/2018

Date

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

CCFFH Name: Glenda Garcia
 CCFFH Address: 24-1206 Binaca St. Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48(a)(2)	Grab bars for bathroom & toilet done	5/4/18	Home understands the requirements of Grab bars, Fire alarms & ramps for the home. All these are installed for the safety of the client. Home will maintain & replace any damages.
48(a)(5)	Fire alarms installed from kitchen, hallways & rooms	5/4/18	
48(a)(6)	Ramp installed for all door exits	5/4/18	

Primary Caregiver's Signature: [Signature]

Print Name: GLENDIA GARCIA Date of Signature: 5/4/2018