

# Foster Family Home - Corrective Action Report

Provider ID: 1-110005

Home Name: Irene Redoble, CNA

Review ID: 1-110005-5

94-352 Kahuahele Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 4/11/2018

End Date: 4/16/18

## 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 client CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 5/11/18.

## 3 Person Fire Safety, 3 Person Fire Safety [17-1454-45] (3P) Natural Disaster

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

Comment:

45(3P)(b)(6)-No documentation of fire drill conducted by CG#4 in the home's folder.

Carrie Wakai RN  
Compliance Manager

Iredoble  
Primary Care Giver

4/11/18  
Date

4/11/18  
Date

