

Foster Family Home - Corrective Action Report

Provider ID: 1-180023

Home Name: Jennifer Dulay, CNA

Review ID: 1-180023-1

45-413 Ihilani Street

Reviewer: Carrie Wakai

Kaneohe HI 96744

Begin Date: 6/7/2018

End Date: 6/22/2018

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 new 2 person CCFFH certification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 7/7/2018.

Foster Family Home Physical Environment [17-1454-48]

48.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

48(a)(4)-Wheelchair ramp and railings are not secure in certain areas and need to be refinished to avoid splintering.

Carrie Wakai
Compliance Manager

6-7-18
Date

J. Dulay
Primary Care Giver

6-7-18
Date

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

CCFFH Name: Faith Foster Home

CCFFH Address: 45-413 Ihalani St., Kaneohe, HI 96744

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48.a.4	Wheelchair ramp and railings are repaired and secured.	6/17/18	I will maintain the stability and safety of the wheelchair ramp by regularly inspecting it for woodrot, splintering and loose railings and make the necessary repairs if needed.

Primary Caregiver's Signature: 

Print Name: Jennifer B. Dulay

Date of Signature: 6-22-18