

Foster Family Home - Corrective Action Report

Provider ID: 1-634677

Home Name: Feby Adviento, NA

1452 Alani Street Unit A

Honolulu HI 96817

Review ID: 1-634677-3

Reviewer: David Ayling

Begin Date: 3/16/2017

End Date: 3/20/17

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 3/16/17. Corrective Action Report issued during home visit with all items due to CTA by 4/16/17.

6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing [17-1454-41]

41.(a)(2) Be a NA, an LPN, or a RN;

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(a)(2) - No current CNA certification for CG #4.

41.(b)(7) - No current TB clearance for 2017 and 2016 for CG #4.

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a),45.(3P)(b)(6) - CG #3 did not lead a fire drill in 2016 and 2017.

Compliance Manager

Feby Adviento

Primary Care Giver

Date

3-16-17

Date

