

Foster Family Home - Corrective Action Report

Provider ID: 1-170028

Home Name: Jenelyn Laforga, CNA

Review ID: 1-170028-1

94-502 Pilimai St.

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/8/2017

End Date: 6/9/17

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 person new home application survey. Corrective action report issued at new home visit and written plan of correction due by 6/22/17.

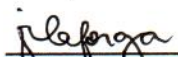
Foster Family Home Physical Environment [17-1454-48]

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

Comment:

48(a)(2) No grab bars present at toilet area.

Compliance Manager



Primary Care Giver

Date

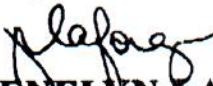
08 JUN 2017

Date

Written Plan of Correction

June 09, 2017

48.(a)(2) the grab bar at the toilet area was installed June 08, 2017 and the home will check that the grab bar will be kept secured at all times.


**JENEALYN LAFORGA
94502 PILIMAI ST
WAIPAHU, HI 96797**