

# Foster Family Home - Corrective Action Report

Provider ID: 1-562670

Home Name: Juanito Castanaga, CNA

Review ID: 1-562670-7

94-968 Lumimoe Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 10/23/2018

End Date:

11/29/18

## 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 10/23/18. Corrective Action Report issued during home visit with all items due to CTA by 11/23/18.


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

## 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.

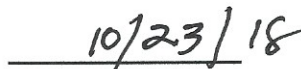
Comment:

45.(a) - No fire drill conducted at night in home for 2017.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

