

Foster Family Home - Corrective Action Report

Provider ID: 1-160035

Home Name: Marlene Casem, CNA

Review ID: 1-160035-2

98-1443 Hooehiki St.

Reviewer: Sue Lo

Pearl HI 96782

Begin Date: 4/5/2017

End Date: 4/10/2017

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 on 4/5/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 5/5/2017

6 (d)(1) see applicable sections of this review.

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

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

48.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

48.(a)(2) Grab bars for client's toilet room not present in the home.

48.(a)(5) Fire extinguisher documentation re: charged or inspected not present in the home.

Compliance Manager

Marlene A. Casem

Primary Care Giver

Date

4-5-2017

Date

Written plan of correction:

4/8/17

48(a)(2) Grab bar for clients' toilet put on 4/6/17.
this will not happen again
because will put on permanent:

48.(a)(5) Fire extinguisher charged +
inspected by fire safety professional
on 4/8/17.

This will not happen again in the
future, because the home has
a schedule on calendar, to
inspect + charge every year.
if not will buy new fire
extinguisher and save the
receipt and tag it on
fire extinguisher.

4/8/17 Maureen A. Orem
98-1443 Hooiki St
Pearl City HI 96782