

Foster Family Home - Corrective Action Report

Provider ID: 2-160093

Home Name: Marites Cabaccang, CNA

15-1505 28th Ave Poha Street

Kea'au HI 96749

Review ID: 2-160093-3

Reviewer: Carol Copeland

Begin Date: 1/30/2018

End Date: 12-11-18

11/30/2018 cly

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 inspection performed to recertify two client home. Home not in compliance on day of inspection. Corrective action plan issued with plan of correction due to CTA by 12/30/18.

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) Only random fire drills in home binder, care giver stated she was unaware they were needed monthly.



Compliance Manager



Primary Care Giver

12-11-18

Date

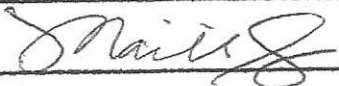
12-5-18

Date

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

CCFFH Name: marites Cabaccong
CCFFH Address: 15-1505 Poha St. Keaan HI 96749

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|---|
| #5 | Fire drills are now being done monthly | 11/30/18 | AW that I know I need to do them every month. I will do them every month. |

Primary Caregiver's Signature: 

Print Name: Marites Cabaccong Date of Signature: 11/30/18