

Foster Family Home - Corrective Action Report

Provider ID: 1-513376

Home Name: Pacita Agbisit, CNA

Review ID: 1-513376-6

94-1072 Lumiaina Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 2/1/2019

Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 2/01/2019. Corrective Action Report issued during home visit with all items due to CTA by 2/15/2019.

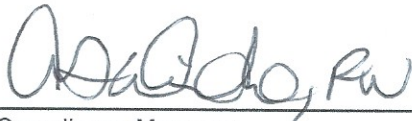
6.(d)(1) - see applicable sections of the review.

Foster Family Home Fire Safety [11-800-46]

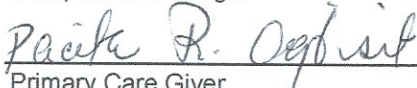
46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

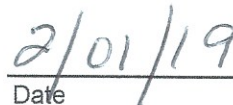
46.(a) - No record of CG#2 leading fire drill for 2018 in home folder. No proof of fire drill conducted at night for 2018 in home folder.

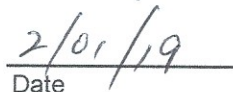


Compliance Manager



Primary Care Giver


Date


Date

