

Foster Family Home - Corrective Action Report

Provider ID: 4-180014

Home Name: Evelyn Queja, CNA

Review ID: 4-180014-6

61 Kaiemi Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 2/5/2021

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

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

Comment:


6.(d)(1) - Unannounced annual home inspection for 2 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 3/5/2021.

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

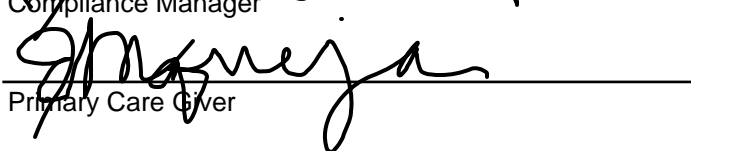
46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

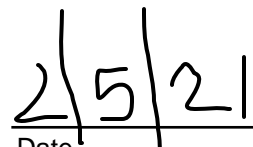
46.(a) - CCFFH has not conducted a monthly fire drill since 5/2020



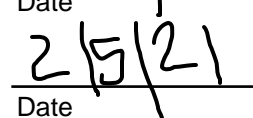
Compliance Manager



Primary Care Giver



Date



Date