

Foster Family Home - Corrective Action Report

Provider ID: 1-150050

Home Name: Dolores Vicencio, CNA

Review ID: 1-150050-6

98-050 Lokowai Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 6/17/2021

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

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

Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/17/2021.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#4 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a)- CG#4 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

50.(e)- The CCFFH has a gate at the sidewalk that lacked a communication method to the CCFFH for quick access into the CCFFH.

Maribel Nakamine, CW 6/17/2021
Compliance Manager Date
[Signature] 6/17/2021
Primary Care Giver Date