

Foster Family Home - Corrective Action Report

Provider ID: 1-160077

Home Name: Rochelle BartolomeSteffens,
LPN

Review ID: 1-160077-2

2016 Aaniu Lp

Reviewer: Carrie Wakai

Pearl City HI 96782

Begin Date: 8/30/2017

End Date: 9/26/2017

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 for a 2 bed CCFFH recertification survey. A corrective action report was issued during the visit with all items due to CTA by 9/30/2017.

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

48.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

48(a)(4)-Raised threshold present at home's front exit.

Carrie Wakai RN

Compliance Manager

8/30/17

Date

Rochelle Bartolome - Steffens

Primary Care Giver

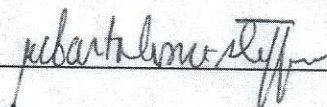
8/30/17

Date

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

CCFFH Name: Rochelle Bartolome-Steffens
 CCFFH Address: 2016 Aaniu Loop Pearl City Hawaii 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48 (a)(4) Raised Threshold present at home's front exit	A threshold ramp was purchased and installed at the home's front door exit.	9/12/2017	Home was made aware of the wheelchair access requirement for the front exit. Home properly installed a ramp to ensure client's safety and security.

Primary Caregiver's Signature: 

Print Name: Rochelle Bartolome-Steffens, RN . Date of Signature: 9/26/2017 .