

Foster Family Home - Corrective Action Report

Provider ID: 1-560517

Home Name: Bernadette Firme, CNA

Review ID: 1-560517-5

99-421 Aheahe Street

Reviewer: Carrie Wakai

Aiea HI 96701

Begin Date: 6/3/2018

End Date: 6/17/2018

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 new 2 client CCFH certification survey. A Corrective Action Report was issued with a Corrective Action Plan due to CTA by 7/3/18.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1(a)(1)-No 2nd fingerprinting present for CG#4-last fingerprinting done 09/23/11 and HHM#1-last fingerprinting done 10/5/15.

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)-Wheelchair unable to access closet in client room which is blocked by bed/other items.

Carrie Wakai CW
Compliance Manager

[Signature]
Primary Care Giver

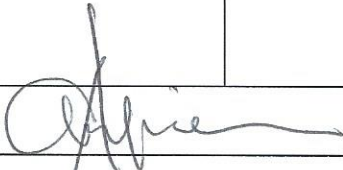
5/31/18
Date

5/31/18
Date

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

CCFFH Name: Bernadette Firme
 CCFFH Address: 99-421 Aheake St., Aiea Hi 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(6)	2nd fingerprinting for HHM #1 completed and filed in folder. Located CG# 4-2 fingerprinting and filed in folder.	6/6/18 6/13/18	PCG should calendar requirements due date and schedule 2 wks ahead.
48(a)(4)	Re arranged furniture and hospital bed so room is wheelchair accessible.	6/6/18	Will keep clients room wheel chair accessible and free of clutter.

Primary Caregiver's Signature: 

Print Name: BERNADETTE FIRME Date of Signature: 6/17/18