

Foster Family Home - Corrective Action Report

Provider ID: 1-170092

Home Name: Bernadette Barbano, NA

Review ID: 1-170092-2

1552 Kalaepaa Drive

Reviewer: Angelica Galindo

Honolulu

HI 96819

Begin Date: 11/28/2018

End Date:

12/14/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 11/28/18. Corrective Action Report issued during home visit with all items due to CTA by 12/28/18.

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

Foster Family Home

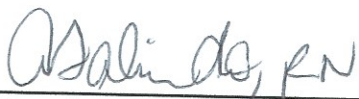
Fire Safety

[17-1454-45]

45.(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:

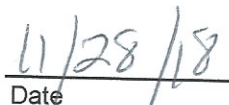
45.(a)- No fire drills conducted by CG#2, CG#3, CG#4, and CG#5 for 2018.

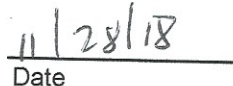


Compliance Manager



Primary Care Giver


Date


Date

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

PROVIDER ID # = 1-170092
 CCFFH Name: BERNADETTE BERBANO
 CCFFH Address: 152 HALAEPAPA DR. HON. HI. 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45(a)	First fire drill conducted was done by CG #2. Form has been put into home binder.	12/9/18	Fire drills will be done by each CG per each year/month. Home developed a schedule and has it posted on the refrigerator.

Primary Caregiver's Signature: Bernardo

Print Name: BERNADETTE BERBANO Date of Signature: 12/9/18