

# Foster Family Home - Corrective Action Report

Provider ID: 4-110011

Home Name: Adela Suzuki, NA

Review ID: 4-110011-6

607 South Kamehameha Avenue

Reviewer: Lori O'Keefe

Kahului HI 96732

Begin Date: 2/18/2020

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

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

Comment:

6.d.1 - Recertification inspection for this 2 bed home.  
A corrective action report(CAR) was issued during the visit with a written corrective action plan (CAP) due back to CTA before March 18,2020.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.c - CG's #2-5 have no evidence of 2019 8 hours of the required annual in-service education.

Lori O'Keefe RN  
Compliance Manager

2/18/2020  
Date

Asuzuki  
Primary Care Giver

2/18/2020  
Date

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

CCFFH Name: **Adela Suzuki**

CCFFH Address: **607 South Kamehameha Ave. Kahului, HI 96732**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.c	Deficiency cannot be corrected.	2/18/20	Home is now aware that the CPR and First aid training is no longer counted for education hours. Moving forward all CGs will attend 8 hours of in-services every year not including CPR/First aid or BBP/ Infection control.

Primary Caregiver's Signature: *Asuzuki*

Print Name: Adela Suzuki

Date of Signature: 2/8/2020