

Foster Family Home - Corrective Action Report

Provider ID: 1-560517

Home Name: Bernadette Fime, CNA

99-421 Aheahe Street

Aiea

HI 96701

Review ID: 1-560517-7

Reviewer: Julie Hastings

Begin Date: 3/5/2020

Foster Family Home Required Certificate

[11-800-6]

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all written corrections due to CTA by 4/5/2020.

Home will be increasing to a 3 person CCFFH

Foster Family Home Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) Medication schedule checklist;

Client #2 does not have a March 2020 Medication Administration record. Last documented is February 29, 2020.

Compliance Manager

Primary Care Giver

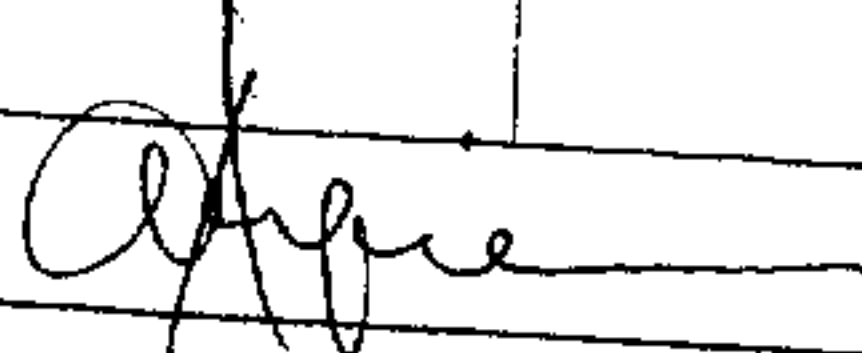
Date

Date

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

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

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54(C)(5)	March 2020 Mar now in binder & up to date	3/5/20	I'll ask CMA to send MAR before end of month

Primary Caregiver's Signature: 

Print Name: BERNADETTE FIRME

Date of Signature: 3/5/20