

Foster Family Home - Corrective Action Report

Provider ID: 1-560517

Home Name: Bernadette Firme, CNA

Review ID: 1-560517-9

99-421 Aheahe Street

Reviewer: Julie Hastings

Aiea HI 96701

Begin Date: 3/29/2021

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.

Home inspection completed for a 3 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 4/29/2021

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)
HHM#1 TB expired 4/27/20. No other 2020 TB on record.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire
No Firedirill recorded for July, August, or October 2020

Foster Family Home Physical Environment [11-800-49]

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

49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

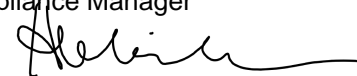
Comment:

49.(a)(4)
49.(a)(6)

There is not adequate wheelchair access to exits
Hallways from bedroom to exits have clutter inhibiting access to exits



Compliance Manager



Primary Care Giver

3/29/2021

Date

3/29/2021

Date