

# Foster Family Home - Corrective Action Report

Provider ID: 1-100064

Home Name: Connie Banda, NA

Review ID: 1-100064-9

94-589 Kaiewa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 5/17/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 6/17/2021.

## Foster Family Home Fire Safety [11-800-46]

46.(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:

46.(a)- No monthly fire drill conducted for the following months: December 2020, January 2021, February 2021, March 2021, and April 2021.

## Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Client #1's Medication Administration Record(MAR) was last signed on 4/23/2021.

*Maribel Nakamine, RN* 5/17/2021  
\_\_\_\_\_  
Compliance Manager Date  
*[Signature]* 5/17/2021  
\_\_\_\_\_  
Primary Care Giver Date