

Foster Family Home - Corrective Action Report

Provider ID: 1-562901

Home Name: Emylyn Barr, CNA

Review ID: 1-562901-10

181 Hakuone Place

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 4/29/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/29/2021.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(4)- No Substitute Caregiver Disclosure Form present for CG#6 in the CCFFH binder.

41.(b)(8)- CG#7's Blood borne pathogen and infection control training lapsed on 3/21/2021 and no current renewal present in the CCFFH binder.

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 monthly fire drill conducted for the month of March 2021.

Maribel Nakamine, CW 5/1/2021

Compliance Manager

Date

Primary Care Giver

Date