

# Foster Family Home - Corrective Action Report

Provider ID: 1-509317

Home Name: Eva Bantolina, CNA

Review ID: 1-509317-10

118 Moa'e Place

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 7/6/2021

## 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 8/6/2021.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)- No current TB clearance present for HHM#1.

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No [REDACTED] present near the clients' toilet.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 and CG#3 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

*Maribel Nakamine, RN*

Compliance Manager

*Eva A. Bantolina*

Primary Care Giver

*7/6/2021*

Date

*7/6/2021*

Date