

# Foster Family Home - Corrective Action Report

Provider ID: 1-561218

Home Name: Mayrose Bamba, CNA

Review ID: 1-561218-8

739 Hoopai Street

Reviewer: Julie Hastings

Pearl City HI 96782

Begin Date: 5/6/2021

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

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

Comment:

ANNUAL INSPECTION/3

6.(d)(1)-Annual inspection conducted for this 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 6/6/2021.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)

8.(a)(2)

HHM#4 has no AAPS/CAN/Fingerprint on record.

## 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)

HHM#4 has no TB on record

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

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

Comment:

54.(c)(5) No May Medication Record for client #2



Compliance Manager

Primary Care Giver

5/6/2021

Date

5/6/2021

Date

CTA RN Compliance Manager: Julie Hastings

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Mayrae Bamba  
(PLEASE PRINT)

CCFFH Address: 739 Hoopai Street, Pearl City, HI. 96782  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1) 8.(a)(2)	HHM #4 has no APS/ CAN Fingerprint on record  APS/ CAN Fingerprint done, was placed into home record.	6/14/2021	CG #1 notify HHM to obtain Background checks before moving in. Will use wall calendar to put all due dates to prevent them from expiring in the future. Inform other HHM when an item is due, at least 4 weeks before it is due.

All items that were fixed are attached to this CAP

PCG's Signature: MSB

Date: 6/14/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Julie Hastings

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Mayrose Bamba  
(PLEASE PRINT)

CCFFH Address: 739 Hoopai Street, Pearl City, HI. 96782  
(PLEASE PRINT)

Rule Number	Corrective Action Taken -- How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy -- How will you prevent each violation from happening again in the future?
41(f)(1)	HMM #4 has no TB record TB Clearance done was placed into home record	5/22/21	CG#1 notify HMM to obtain TB Clearance before moving in Will use wall calendar to put all due dates to prevent them from expiring Inform other HMM when an item is due 3 weeks before it is due.
54(c)(5)	No MAY Medication Record for client #2. MAY Medication Record <sup>done</sup> and it was placed into the client's record.	5/6/21 PM	CG#1 will always look at Medication Log record to ensure they are properly initial after giving all medications. Inform other caregivers make sure initial after giving medications.

X All items that were fixed are attached to this CAP

PCG's Signature: MSam

Date: 6/3/2021

X CTA has reviewed all corrected items