

Foster Family Home - Deficiency Report

Provider ID: 1-170092

Home Name: Bernadette Barbano, NA

Review ID: 1-170092-10

3844 Noeau Street

Reviewer: Julie Hastings

Honolulu

HI 96816

Begin Date: 9/28/2021

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 2 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 10/28/2021.

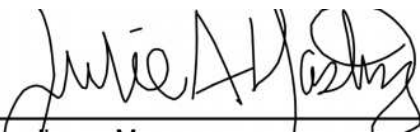
Foster Family Home Background Checks [11-800-8]

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

Comment:

8.(a)(1)

CG#3 has no fingerprints in binder



Compliance Manager



Primary Care Giver

9/38/2021

Date

9/28/2021

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: BERNADETTE BERBANO
(PLEASE PRINT)

CCFFH Address: 3844 NOEAU ST. HONOLULU, HAWAII 96816
(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)	CG#3 has no fingerprints in binder, was done signed SCG CHANGE NOTIFICATION FORM to REMOVE By CG#1.	10/6/21	To prevent it will happen again, when i hire CG, i will check the current records like, APS/CAN/FINGERPRINTS and ECRIM, and write date of next taken on my phone calendar of APS/CAN/FINGERPRINTS & ECRIM in advance 3weeks before expiration date.

All items that were fixed are attached to this CAP

PCG's Signature: *Bernadette Berbano*

Date: 10/6/2021

CTA has reviewed all corrected items