

Foster Family Home - Deficiency Report

Provider ID: 3-635310

Home Name: Bernadette Carlson, CNA

Review ID: 3-635310-15

74-801 Uluaoa Street

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 3/1/2024

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 for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 4/1/24.

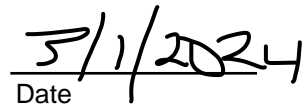
3 Person Fire Safety, Natural Disaster **3 Person Fire Safety** **(3P) Fire**

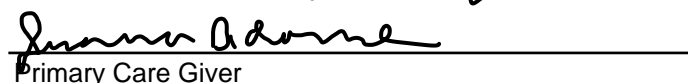
(3P)(b)(6) Fire shall include all SCGs at least once per year

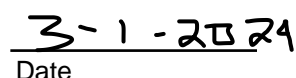
Comment:

(3P)(b)(6) Fire - CG #3 has not led a fire drill since 2022.


Compliance Manager


Date


Primary Care Giver


Date

CTA RN Compliance Manager: David Ayling, RN

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Bernadette Carlson

(PLEASE PRINT)

CCFFH Address: 74-801 Uluaoa Street, Kailua Kona, Hawaii 96740

(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?
(3P)(b) (6) Fire	I can no longer go back to fix the violation. We will conduct a Fire Drill every month, and ensure to include each approved SCG's to led atleast once per year.	3/4/24	I created a schedule for all SCG's to lead a fire drill atleast once a year on my desk calendar and set a reminder on my cellphone calendar.

 All items that were corrected are attached to this POCPCG's Signature: Bernadette CarlsonDate: 3/4/2024 CTA has reviewed all corrected items