

Foster Family Home - Deficiency Report

Provider ID: 1-240103

Home Name: Misty Barba, NA

37-A Cypress Avenue

Wahiawa

HI 96786

Review ID: 1-240103-1

Reviewer: David Ayling

Begin Date: 12/26/2024

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 new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 1/26/25.

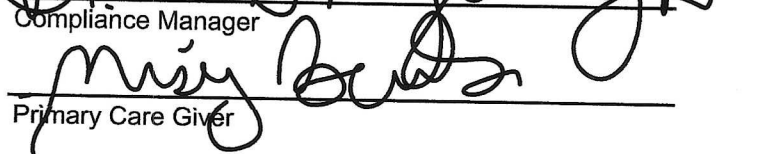
Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.(b)(8) - CG #1 needs a CPR/First Aid certificate from an accredited school.


Compliance Manager


Primary Care Giver

12/26/2024
Date

12-26-2024
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: Misty m Barba
(PLEASE PRINT)

CCFFH Address: 37 A CYPRESS AVE, Wahiawa HI 96786
(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.(6)(8)	I received a current CPR/First Aid certificate from Co #1. I put the certificate in my CCFFH Binder	12-29-24	I will use an approved school to obtain my CPR/First Aid renewal

All items that were corrected are attached to this POC

PCG's Signature: Misty Barba

Date: 12-29-24

CTA has reviewed all corrected items