

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-110008  
**Home Name:** Elena Diaz, CNA  
 4-446 Kahuaioa Pl  
 Waiipahu HI 96797

**Review ID:** 1-110008-5  
**Reviewer:**  
**Begin Date:** 12/7/2015 **End Date:** 12/10/2015

**Foster Family Home Required Certificate [17-1454-6]**

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

Comment:

Home survey for recertification of three client CCOFFH conducted 12/7/15. Corrective Action Report issued with all CMA items to be corrected by 1/7/2016. Two year certification issued.

**Foster Family Home Records [17-1454-52]**

§2.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

Comment:

§2.(c) CTA contact information is not listed in CMA grievance policy.

[Redacted Signature]

Compliance Manager

*[Signature]*  
 Primary Care Giver

*12/10/15*  
 Date

*12/10/2015*  
 Date

December 09, 2015

Compliance Manager  
Community Ties of America

Hi, this letter is to acknowledge my deficiency during my CTA audit on 12/7/2015.

Deficiency- No CTA contact information under admission policy grievance section.

Correction- I have corrected the deficiency and have informed my case management agency to update the forms to avoid future deficiency in this area. This information will be explained to client/POA/OPG or any emergency contact person. Please see attached copy.

Respectfully,

  
Elena Diaz (PCG)

94-446 KAHUALOA PLACE  
WAIKAPU, HI 96797

CLIENT HAS NOW HAS CONTACT INFORMATION FOR CTA.

I WILL CHECK PAPERWORK FOR ALL NEW ADMISSIONS.