

Foster Family Home - Corrective Action Report

Provider ID: 4-622284
Home Name: Marjory Bumatay, CNA
497 S. Kamehameha Avenue
Kahului HI 96732
Review ID: 4-622284-5
Reviewer:
Begin Date: 10/30/2015
End Date: 11/25/15

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

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

Comment:
Home Survey for recertification of three client CCFFH conducted 10/30/15. Corrective Action Report issued 11/4/15 with Corrective Action Plan and other required items due to CTA by 12/5 /15.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(a)(1) Reside in the community care foster family home;

Comment:
41.(a)(1)
CG1 stated she does not reside in the home by stating she sleeps at another address and none of her belongings are at the CCFFH address. As part of meeting the regulatory requirements the State is requiring the PCG to obtain a Driver's license and car registration at the CCFFH address. PCG must send CTA a notarized statement by the 5th of each month for the next 12 months stating she lives and sleeps at the CCFFH.

Compliance Manager _____
Primary Care Giver _____

11/25/15
Date
11/20/15
Date

Corrective Action

41.(a)(1)

I will reside at 497 S. Kamehameha Ave. Kahului HI. 96732

I will live and sleep to meet the regulatory requirement.

Attached is a copy of my new driver license and
car registration address at this cctf address
located at 497 S. Kamehameha Ave. Kahului HI. 96732