

Foster Family Home - Corrective Action Report

Provider ID: 1-561002

Home Name: Marissa Bonilla, CNA

Review ID: 1-561002-5

92-787 Ka'ao'ao Place

Reviewer: Angelica Galindo

Kapolei

HI 96707

Begin Date: 11/30/2018

End Date:

12/13/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/30/18. Corrective Action Report issued during home visit with all items due to CTA by 12/14/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[17-1454-7.1]

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

Comment:

7.1.(a)(1) - ecrim lapsed for CG#2: was due on/before 5/24/2018. ecrim lapsed for CG#4: was due on/before 8/28/2017. Both done on 8/26/2018.

Angelica Galindo, RN
Compliance Manager

Marissa P. Bonilla
Primary Care Giver

11/30/18
Date

11/30/18
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: MARISSA P. BOMILLA

CCFFH Address: 92-787 KA'AWAO PLACE KAPOLEI, HI 96707

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1)	lapse cannot be corrected - corrim done & put on the Home Binder.	8/26/2018	- I WILL USE THE HOME CHECKLIST & PUT IN FRONT MY BINDER OF ALL MY REQUIREMENTS & I WILL HAVE TO CHECK EVERY TWO MONTHS SO I WON'T LAPSE ANY MORE

Primary Caregiver's Signature: Marissa P. Bomilla

Print Name: MARISSA P. BOMILLA Date of Signature: DEC 10, 2018