

Foster Family Home - Corrective Action Report

Provider ID: 1-510009

Home Name: Eliza Bonilla, CNA

Review ID: 1-510009-4

95-676 Lauawa Street

Reviewer: Angelica Galindo

Mililani HI 96789

Begin Date: 8/7/2018

End Date: 8/16/18

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 8/07/18. Corrective Action Report issued during home visit with all items due to CTA by 9/07/18.

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;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1)- eCrim lapsed for CG#2, CG#3, and HHM#1: all due on/before 7/05/2018, all done on 7/28/2018.

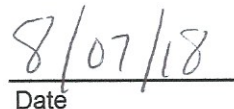
7.1.(a)(2) - APS/CAN checks lapsed for CG#2, CG#3 and HHM#1: all due on/before 8/06/2017. CG#2 done on 10/04/2017, CG#3 done on 10/09/2017 and HHM#1 done on 10/04/2017.



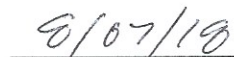
Compliance Manager



Primary Care Giver



Date



Date

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

CCFFH Name: BONILLA'S FOSTER HOME (ELIZA BONILLA)
 CCFFH Address: 95076 LAUAWA ST.
MILILANI HI 96791

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	Ecrime lapsed for CG#2, CG#3 and HHM #1. Lapse cannot be corrected.	8/9/18	Foster home understands the importance of background checks done in a timely manner. F.H. will now set alert 2 months in advance in iPhone to prevent any further lapses.
7.1(a)(2)	ADS/CAN lapsed for CG#2, CG#3 and HHM #1. Lapse cannot be corrected.	8/9/18	

Primary Caregiver's Signature: Eliza Bonilla

Print Name: ELIZA BONILLA

Date of Signature: 8/9/18