

# Foster Family Home - Corrective Action Report

Provider ID: 1-613613

Home Name: Remedios Onigama, NA

Review ID: 1-613613-9

92-691 Welo Street

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 2/22/2019

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home inspection for a 2 person CCFFH recertification made on 2/22/19. Corrective Action Report issued during home inspection with all items due to CTA by 3/22/19.

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

## Foster Family Home Background Checks [11-800-8]

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

Comment:

8.(a)(2) - APS/CAN not done until 4/19/18 for CG #1. Expired on 6/29/17. No current ASPS/CAN for CG #2 and CG #3. Expired on 7/3/17.

DA-DA Ayling  
Compliance Manager

2/22/19  
Date

Remedios Onigama  
Primary Care Giver

2/22/19  
Date

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

CCFFH Name: REMEDIOS ONIGAMA  
 CCFFH Address: 92-691 WELD ST  
KAPOLEI, HI 96707

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(2)	I SHOWED CIA A CURRENT APS/CAN FOR SCG#1 ON THE DAY OF MY CERTIFICATION I RECEIVED CURRENT APS/CAN FROM CG#00 CG#3 & PLACE IN MY CCFFH BINDER.	2/22/19	I HAVE MADE A LIST OF THE EXPIRATION DATES FOR APS/CAN FOR ALL CG'S & PLACED IN THE FRONT ON MY CCFFH BINDER I WILL LOOK AT IT EVERY MONTH.

Primary Caregiver's Signature: Remedios Onigama

Print Name: REMEDIOS ONIGAMA

Date of Signature: 2/22/19