Foster Family Home - Corrective Action Report

Provider ID:	**1-561002**		
Home Name:	**Marissa Bonilla, CNA**	**Review ID:**	**1-561002-6**
92-787 Ka'ao'ao Place		Reviewer:	Jackie Chamberlain
Kapolei HI 96707		Begin Date:	12/27/2019

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

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

Comment:

Home inspection made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home **Client Rights** **[11-800-53]**

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15)
The client bedrooms do not have locks

J Chamberlain RN
Compliance Manager

12/27/19
Date

Marissa P. Bonilla
Primary Care Giver

12-27-2019
Date

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

CCFFH Name: Marissa Bonilla
CCFFH Address: 92-787 Kaaoao Place Kapolei HI 96707

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
53(b)(15)	CLIENT BEDROOM DOOR KNOB HAS BEEN REPLACED WITH SINGLE ACTION LOCK PER REQUIRED BY "MY CHOICE MY WAY"	01/02/20	HOME WILL FOLLOW NEW RULES FROM DEPARTMENT OF HEALTH AS SOON AS NEW RULES ARE MADE.

Primary Caregiver's Signature: Marissa P. Bonilla

Print Name: MARISSA P. BONILLA Date of Signature: JAN. 02-2019