

# Foster Family Home - Corrective Action Report

Provider ID: 1-510009

Home Name: Eliza Bonilla, CNA

Review ID: 1-510009-7

95-676 Lauawa Street

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 7/10/2020

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

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

Comment:

Annual home visit made to a 3 person CCFFH completed.

Corrective Action Report issued during home visit with all items due to CTA by 8/10/2020.

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

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

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

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

Comment:

8.(a)(1), (2) - HHM#3 without APS/CAN/Fingerprinting or Ecrim results seen in home binder.

Maribel Nakamine, M 7/10/2020  
Compliance Manager Date

Eliza Bonilla 7/10/2020  
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Eliza Bonilla  
(PLEASE PRINT)

CCFFH Address: 95-676 Lauawa St. Mililani, HI 96789  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8. (a) (1), (2)	HHM#3 obtained a current APS/CAN/Ecrim. Results filed in binder.	July 10, 2020	Home will use an iPhone calendar to set an alert 2-3 months in advance to schedule due dates to prevent future lapses.

All items that were fixed are attached to this CAP

PCG's Signature: Eliza Bonilla

Date: 7-17-20

CTA has reviewed all corrected items