

# Foster Family Home - Corrective Action Report

Provider ID: 1-559370

Home Name: Belma Wangit, CNA

Review ID: 1-559370-6

4314 Keaka Drive

Reviewer: Maribel Nakamine

Honolulu HI 96818

Begin Date: 9/17/2020

## 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 completed.

Corrective Action Report issued during home inspection with all items due to CTA by 10/17/2020.

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)- CG#1's APS/CAN lapsed on 9/5/19 and no renewal seen in home binder. CG#2's APS/CAN lapsed on 3/8/2020 and no renewal seen in home binder.

Maribel Nakamine, RN 9/17/2020  
Compliance Manager Date  
B Wangit 9/17/20  
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Akamine RN

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

PCG's Name on CCFFH Certificate: Belma Wangit  
(PLEASE PRINT)

CCFFH Address: 4314 Keaka Dr., Honolulu, HI 96818  
(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)(2)     | APS/CAN was obtained for CG#1 and CG#2 and put in binder               | 10/21/20                      | I am voluntarily closing my CCFFH on 11/30/20. I will mark my wall calendar to remind me of due dates. |

All items that were fixed are attached to this CAP  
PCG's Signature: *Belma Wangit* Date: 10/22/20

CTA has reviewed all corrected items