

Foster Family Home - Corrective Action Report

Provider ID: 4-100012

Home Name: Julie Bonilla, CNA

1025 Kokomo Road

Haiku

HI 96708

Review ID: 4-100012-11

Reviewer: Terri Van Houten

Begin Date: 10/22/2020

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 11/22/20.

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;

Comment:

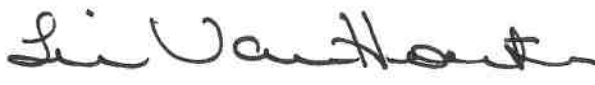
8.(a)(1) - HHM#1 eCrim expired on 8/24/19

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - CG #3 and CG#4 have not conducted a fire drill within the last year


CTA Reviewer

10/22/20
Date



Primary Care Giver

10/22/20
Date

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

CCFFH Name: Julie Bonilla
 CCFFH Address: 1025 Kokomo Rd, Haiku HI, 96708

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(c)	HHM #1 is done, it is placed in our record.	10/23/20	I'll post the due dates on top the door of our refrigerator to prevent them from expiring.
(3P)(b)(6)	CG#3 and CG#4 have conducted their fire drill at least 1 time within a year	10/24/20 10/25/20	I'll post a reminder that my SCG's will take their turn to conduct a fire drill in our house.
	Fire extinguisher replaced, and due date posted on top on the handle	10/22/20	I'll post the due date of replacement on top of our refrigerator for reminders.

Primary Caregiver's Signature: 

Print Name: Julie Bonilla

Date of Signature:  10/27/20

CTA has reviewed all corrected items