

Foster Family Home - Corrective Action Report

Provider ID: 1-150067

Home Name: Lene Rose G. Galiza, CNA

Review ID: 1-150067-4

91-850 Kekakia Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 12/9/2020

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed CCFFH recertification. corrective action required to CTA within 30 days

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6) There is a boarded inside stair well with no proof of permit

J Chamberlain RN
Compliance Manager

Lene Rose Galiza
Primary Care Giver

12/10/20

Date

12/10/20

Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: Lene Rose G. Galiza
(PLEASE PRINT)

CCFFH Address: 91-850 Kekakia Place Ewa Beach, HI 96706
(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?
41.(b) (6)	Removed the board inside stairwell. Took photo of the stairwell as proof the board was removed	12/26/20	Before doing house renovation such as putting extra wall or rooms in the property we have to get proof of permit from either the federal, state & county.

All items that were fixed are attached to this CAP

PCG's Signature: Lene Rose Galiza

Date: 12/28/20

CTA has reviewed all corrected items