

# Foster Family Home - Corrective Action Report

Provider ID: 1-513011

Home Name: Lilia Galutira, LPN

Review ID: 1-513011-7

94-780 Koniaka Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/28/2020

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

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

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with all items due to CTA within 30 days.

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)- CG#3's APS/CAN lapsed on 3/23/18 and renewed on 1/15/19; Ecrim lapsed on 7/31/20 and renewed on 9/19/2020. HHM #3's APS/CAN lapsed on 4/4/19 and renewed on 5/6/19 and Ecrim lapsed on 3/14/19 and renewed on 3/28/19.

Maribel Nakamine, RC  
Compliance Manager

Lilia D. Galutira  
Primary Care Giver

10/28/2020  
Date

10/28/20  
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: Lilia Galuteria

(PLEASE PRINT)

CCFFH Address: 94-780 Koniaka Place, Waipahu, HI 96797

(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)	Lapse cannot be corrected.	10/28/20	CG#1 will use an iphone calendar to schedule due dates alerts 2-3 months in advance to prevent future lapses.

All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

*Lilia O. Galuteria*

Date: \_\_\_\_\_

10/30/2020

CTA has reviewed all corrected items