	Fos	ster Family	Home - Co	orrective	e Action Repor	rt	
Provider ID:	4-190027						
Home Name:	Genalin Gonzale	s, CNA	Review ID:	4-190027-4	1		
444 One Street			Reviewer:	Terri Van H	louten		
Kahului	HI 96732 Be		Begin Date: 1/ ⁻	Begin Date: 1/19/2021			
Foster Family	Home Re	quired Certificate	•		[11-800-6]		
6.(d)(1) Comment:	Comply with all	applicable requireme	ents in this chapte	r; and			
6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 2/19/2021.							
PCG is requesting to increase to a 3 client CCFFH							
Foster Family	Home Pe	rsonnel and Staff	fing		[11-800-41]		
41-(b)(4) Cooperate with the department to accordance with section 11-800-7.		complete a psychosocial assessment of the caregiving family system in b)(2).					
41-(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.						
Comment:							
41 .(b)(4) - CG	#4 did not have a	completed SCG d	isclosure form ir	n the CCFFI	H binder.		
41 .(c) - CG #5	had completed or	ly 1 hour of inserv	vice training (8 h	ours are rec	quired every 12 months	s)	
Foster Family Home Records			[11 -800-54]				
54.(c)(1) Comment:	Client's vital info	rmation;					

54.(c)(1) - Client #1 has a DPOA for healthcare decisions. The DPOA is not updated on the client's face sheet.

Den Intouten	1/28/2021 Date	
Primary Care Giver	1/28/2021	2001 1:11:19 DM
	1/19/	/2021 1:11:18 PM

CTA RN Compliance Manager:

Terri Van Hausen

444 One St. Kahului HI. 96732

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: Genalin Gonzales (PLEASE PRINT)

CCFFH Address:

(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)(4)	Obtain and completed an SCG disclosure form. It was signed by the SCG and place it under his name on the CTA binder	1/20/21	I will make notes on my phone what are documents needed to keep in the CTA binder when adding an SCGs. This will help remind me that when adding SCGs in the future, I need to make them signed a disclosure form. I will be putting it rig away under their name into the CTA binder
41(C)	Obtain an 12 hours inservice for PCG and an 8 Hours inservice for SCG. It was placed right away into the binder.	1/20/21	I made a note/list of the relevant CCFFH inservices for future references of what inservice to take. will always double check cert at the time it is given if hours are included, if not notify inservice provider so She/h can include it right away. I made a not on my phone that PCG has to have atleast minimum of 12 hours inservice and SCG has to have a minimum of 8 hours inservice.
4(c)(1)	Contacted agency and asked a copy of updated DPOA face sheet Agency sent it right away and place it right away into the client's binder	1/20/21	I will be making a checklist on my phone every month to make sure important documents if they are current or needs to be updated



CTA has reviewed all corrected items