

Foster Family Home - Corrective Action Report

Provider ID: 1-587420

Home Name: Lilibeth Quinones, CNA

Review ID: 1-587420-9

91-1152 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/25/2021

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 3 bed annual inspection.

Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

(3P)(b)(4) Staff No evidence that CG # 2, 5,6, 7, 8 have applied for or been approved for 3 bed CCFFH



Compliance Manager


Primary Care Giver

6/25/21

Date
6/25/21

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: Lilibeth Quinones

(PLEASE PRINT)

CCFFH Address: 91-1152 Kaunolu St., 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?
(BP)(b) (4)Staff	Obtained copies of SCG approval form for 3 bed CCFFH for CG#2 [REDACTED] CG#5 [REDACTED] CG#6 [REDACTED] CG#7 [REDACTED] CG#8 [REDACTED]	7/22/21	CCFFH will use a checklist and calendar to keep track of all required documents for each SCG.

All items that were fixed are attached to this CAP

PCG's Signature: *Lilibeth Quinones*

Date: 07/22/2021

CTA has reviewed all corrected items