## Foster Family Home - Corrective Action Report

Provider ID:

1-562597

Home Name:

Regina Dela Vega, NA

Review ID:

1-562597-10

1018 A Kalihi Street

Reviewer:

David Ayling

Honolulu

HI 96819 Begin Date:

6/30/2021

**Foster Family Home** 

**Required Certificate** 

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 7/30/21.

Foster Family Home

Client Care and Services

[11-800-43]

43.(b)

One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b) - 2 client ccffh with only 1 private pay client since June of 2020.

**Foster Family Home** 

**Physical Environment** 

[11-800-49]

49.(d)(1)

The certificate holder shall ensure that the minimum physical environment requirements as specified in this section

Comment:

49.(d)(1) - Room for 2nd client is filled with CG's personal belongings.

Compliance Manager

Primary Care Giver

Date

CTA RN Compliance Manager:

David HYLING

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

PCG's Name on CCFFH Certificate:

REGINA DELA VEGI

CCFFH Address:

1018 A KALIHI CTREET HONIULULY HAWAII 96819

Rule Corrective Action Taken - How was Date each Prevention Strategy - How will you Number each issue fixed for each violation? violation prevent each violation from happening was fixed again in the future? 49(a) I have renoved 7/2/2 I will keep all
only my personal dients room free
belongings from and chitter and
the client room gersonal belongings

All items that were fixed are attached to this CAP

PCG's Signature:

Legin delation

Date: 1/4/2/

TX LCTA has reviewed all corrected items

W. L