

# Foster Family Home - Deficiency Report

Provider ID: 1-562505

Home Name: Bonifacio Tan, CNA

Review ID: 1-562505-8

4033 Keaka Drive

Reviewer: Julie Hastings

Honolulu

HI 96818

Begin Date: 10/5/2021

## 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 completed for a 3 person CCFFH recertification  
Corrective Action Report issued during home inspection with all approved written corrections due to [REDACTED] by 11/5/2021.

## Foster Family Home

## Personnel and Staffing

[11-800-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(a)(3)

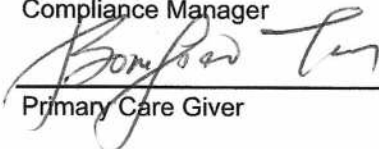
TV CG#3 does not have work experience form in chart. Applies to CG#4

41.(e)

CG#4 is not approved for 3 clients.



Compliance Manager



Primary Care Giver

10/5/2021

Date

10/5/2021

Date

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Bonifacio A. Tan

(PLEASE PRINT)

CCFFH Address: 4033 Keaka Drive Honolulu HI 96818

(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?
6.(d)(1)	3 Bed CCFFH Substitute Caregiver Application was filled out, provided all the necessary documents to CTA for CG#4.	10/8/2021	Home will conduct monthly checks of home records of █CG that all the necessary documents are updated and filed in binder in compliance with █ requirements.
41.(a)(3)	Provided documentation for CG#4 having at least one year of experience in home setting as a CNA. It was placed in home record.	10/8/2021	Home will conduct monthly checks of home records of █CG that all the necessary documents are updated and filed in binder in compliance with █ requirements.
41.(e)	█CG currently maintains a file for all substitute caregiver. █CG has updated home record to identify that CG#4 is approved to provide services for clients.	10/8/2021	Home will conduct monthly checks of home records of █CG that all the necessary documents are updated and filed in binder in compliance with █ requirements.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10-8-21

CTA has reviewed all corrected items