

Foster Family Home - Deficiency Report

Provider ID: 1-511007

Home Name: Ruth Bonilla, CNA

Review ID: 1-511007-14

94-216 Loku Place

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 12/7/2023

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

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

Comment:

6.(d)(1) - Unannounced annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection (inspection date: 12/07/2023).

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2): No evidence by CCFFH of service plan addressing client #3 is oral suctioning as needed. No documentation in service plan addressing oral suctioning by caregiver.



Compliance Manager


Primary Care Giver

12/7/23

Date
12/7/23

Date

ATTENTION: TERRI VAN HOUTEN

CTA RN Compliance Manager: RYAN NAKAMURA RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: RUTH BONILLA
(PLEASE PRINT)

CCFFH Address: 94-216 LOKI PLACE WAIKALUA, HAWAII 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?
54(c)(2)	SERVICE PLAN AND RN DELEGATION WAS DONE FOR CGH#3 BY THE CLIENT'S CMA. IT WAS PLACED INTO THE CLIENT RECORD.	12/27/23	HOME WILL NOTIFY CLIENT'S CMA THAT RN DELEGATION NEEDS TO BE DONE AS SOON AS POSSIBLE, BEING ADDED TO THE HOME.

☒ All items that were corrected are attached to this POC

PCG's Signature: Ruth Bonilla

Date: 12/27/23

☒ CTA has reviewed all corrected items