

Foster Family Home - Corrective Action Report

Provider ID: 1-560971

Home Name: Julia Balon, CNA

Review ID: 1-560971-4

94-363A Honowai Street

Reviewer:

Waipahu HI 96797

Begin Date: 3/9/2015

End Date:

4/22/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6.(d)(1)see applicable sections of this review

Home visit made for 3 bed recertification on 3/9/15. Corrective action report issued during visit with items due to CTA by 4/9/15.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(d)(2)(A) A caregiver, substitute caregiver, or other adult residing in the community care foster family home, except for adults receiving care, has been convicted of a crime other than a minor traffic violation involving a fine of \$50 or less;

7.1.(e)(3) Received by the department of human services no later then seven days after the date of the notification that the individual:

7.1.(e)(3)(A) Has a conviction for a crime other than a minor traffic violation involving a fine of \$50 or less;

Comment:

7.1.(d)(2)(A) and 7.1.(e) (3)& 3 (A)CG #3 has positive findings from State Name check on 1/26/14.Exemption application was not filed.



Julia Balon
Primary Care Giver

3/9/15
Date

3/9/15
Date

Resumes

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Comment:

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faxed to CTA the exemption letter from Fieldprint on 4/21/15

should request an exemption within ⁷ 30 days of receipt of receipt of fitness determination.

Signature of Case Manager

Julia Balon
Primary Care Giver

3/9/15
Date
4/21/15
Date