

Foster Family Home - Corrective Action Report

Provider ID: 1-120036

Home Name: Helen Balila, CNA

4019 Maunaloa Ave.

Honolulu HI 96816

Review ID: 1-120036-7

Reviewer:

Begin Date: 9/14/2015

End Date: 9/19/15

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

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

Comment:

Home visit for a 3 person recertification review made on 9/14/15. Corrective Action Report issued during home visit with all items due to CTA by 10/14/15.

6.(d)(1) - see applicable sections of the review

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

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1), (2) - Second year APS/CAN/FP not done until 9/23/14 (first APS/CAN/FP done on 3/7/13) for CG #1, CG #2, and CG #3. No current eCrim for CG #3.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - No current BBP for CG #2.

Foster Family Home Records [17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) - Client #2 - Doctor's order for [REDACTED] not on MAR.



Compliance Manager

Primary Care Giver

9/14/15
Date

Date

9/14/15

Date

7.1.(a)(1)(2) - Showed CTA current 2nd year
APS/CAN for CG #1, CG #2 and CG #3 on day
of certification sent CTA current exam for
CG #3 on 9/15/15

- Made a list of all items (CPR, TB, BPP)
with expiration dates and placed in the
front of my CTA binder.
Will review monthly. I have also placed
on my iPad calendar.

4(B)(7) - Sent CTA current BPP certificate for
CG #2 on 9/20/15.

52(c)(5) - Sent CTA new MAR with ASA 81mg. PO
order included for client #2.
- Will review D.O. after client #2
com returns from Dr. appt.

Sign + Date
Helen Balda / 10/19/15