

Foster Family Home - Corrective Action Report

Provider ID: 1-560971

Home Name: Julia Balon, CNA

Review ID: 1-560971-5

94-363A Honowai Street

Reviewer:

Waipahu HI 96797

Begin Date: 3/15/2016

End Date: 4/26/16

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 [REDACTED]. Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

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

Foster Family Home Grievance [17-1454-44.1]

44.1.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

44.1.(3) - Obtain signed acknowledgements from client #1 and client #2 or the client's legal representative that the grievance policies and procedures were reviewed

Foster Family Home Client Rights [17-1454-50]

50.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

50.(a) - Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a signed copy shall be provided to the client, or the client's legal representative.



44.1.3, 50(a)

Sent to CTA  complete policies and procedures, including grievance policies, signed by both OPG's for client #1 and client #2. 

I will do this for all future clients.

