

Foster Family Home - Corrective Action Report

Provider ID: 2-170080

Home Name: Mary Ann C.N.A Balanay

Review ID: 2-170080-1

81-1989 Haku Nui Road

Reviewer: Carol Copeland

Captain Cook HI 96704

Begin Date: 12/21/2017

End Date: 1-18-18

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

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

Comment:

Home visit survey performed to certify two client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 1/21/18.

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

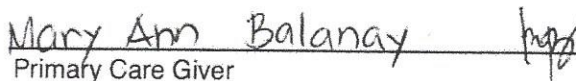
7.1.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

7.1.(c) No substitute care giver listed in home binder.


Compliance Manager

1/18/18
Date

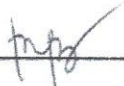

Primary Care Giver

01/12/18
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name:
 CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(41.9.4)	I now have a substitute caregiver and her information is in the binder.	01/25/18	I will make sure i have my substitute caregiver documents in the binder. And I will notify the CTA and Case Management (CMA) of any changes on my Substitute Caregiver including additions, terminations and replacements, that day.

Primary Caregiver's Signature: 

Print Name: MARY ANN BALANAY

Date of Signature: 01/25/18