

Foster Family Home - Corrective Action Report

Provider ID: 1-130036

Home Name: Rosebella Balan, CNA

Review ID: 1-130036-5

94-857 Kaaholo Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 3/5/2018

End Date: 3/20/2018

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6(d)(1) Home visit made for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 4/05/2018.

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

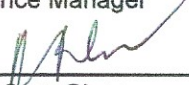
Comment:

7.1.(a)(1) Ecrim done 8/24/15 no 2017 present in the home for HHM#1..

7.1.(a)(2) Adult Protective Services/Child Abuse Neglect (APS/CAN) was done on 8/24/15 no 2017 present in the home for HHM#1.



Compliance Manager



Primary Care Giver

3/5/2018
Date

3/5/2018
Date

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

CCFFH Name: Rosebella T Balan
 CCFFH Address: 94-857 Kaeholo ST, Waipahu Hawaii

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1 (a)(2) and (1)	ECRIM + APS, CAN Done by HKM#1	3/19/18	I understand background checks + we remind HH#1 to renew every 2 yrs. I will put the reminder on the calendar that is put it on the kitchen wall. I will check my calendar every month to renew all requirements before due date

Primary Caregiver's Signature: 

Print Name: Rosebella Balan

Date of Signature: 3/19/18