

Foster Family Home - Corrective Action Report

Provider ID: 1-120036

Home Name: Helen Balila, CNA

Review ID: 1-120036-9

4019 Maunaloa Ave.

Reviewer: Carrie Wakai

Honolulu HI 96816

Begin Date: 3/22/2018

End Date: 06/04/2018

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 3 bed CCFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 4/22/2018.

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

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)(2)-APS/CAN lapsed on CG#2, was due on or before 8/20/17 and was done 3/19/18.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41(b)(7)-TB screening form not present for 2017 on CG#2 & CG#3.

41(b)(8)-No Blood borne pathogen training present for CG#1-CG#3.

41(c)-No 2017 annual training hours present for CG#3

Carrie Wakai RN
Compliance Manager
[Signature]
Primary Care Giver

3/22/18
Date
3/22/18
Date

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

CCFH Name: HELEN BALILA
 CCFH Address: 4019 MAUNALOHA AVE. HON. HI 96816

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.2	Lapse cannot be corrected	3/26/18	Home understands the background check requirements. Home will use calendar on paper to input all due dates to prevent any future lapses.
41.(b)(2)	FB clearance was obtained for CG #2. It was placed into home record.	3/26/18	Home will use calendar to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.
41(b)(8)	CG # 1-3 completed Blood Borne Pathogen training.	3/26/18	Home calendar will be used with due dates of requirements.
41(c)	Home obtained copies of CG #1-3 2014-2018 in service hrs.	3/28/18	I will check my CG files every 4 months to see if they have ^{had} 4 hrs of training. I contact them & give reminders.

Primary Caregiver's Signature: HELEN BALILA

Print Name: HELEN BALILA

Date of Signature: 6/4/18