

Foster Family Home - Corrective Action Report

Provider ID: 1-180028

Home Name: Gemma Balantac, CNA

Review ID: 1-180028-1

1417C Middle Street

Reviewer: Carrie Wakai

Honolulu HI 96819

Begin Date: 6/20/2018

End Date: 6/21/2018

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 was made for a new 2 person CCFFH certification survey. A Corrective Action Report was issued with a Corrective Action Plan due to CTA by 7/2/18.

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

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

Comment:

41(b)(7)-No proof of positive TB results for HHM#1 although a completed TB screening form dated 3/10/18 was present in the folder.

Carrie Wakai CW
Compliance Manager

Gemma M. Balantac
Primary Care Giver

6/20/2018
Date

6/20/18
Date

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

CCFFH Name: Gemma Balantac

CCFFH Address: 1417 C Middle Street, Honolulu ,HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.7	TB clearance was obtained for SCG#2 .It was placed into home record.	6/21/18	Home will use a calendar and spreadsheets to identify when requirements are due 2 months before they expire to allow time to get them done before they are due

Primary Caregiver's Signature: Gemma m. Balantac

Print Name: GEMMA BALANTAC

Date of Signature: 6/21/18