

Foster Family Home - Corrective Action Report

Provider ID: 1-562539

Home Name: Magdalena Baloran, CNA

Review ID: 1-562539-5

1512 Meyers Street

Reviewer: Angelica Galindo

Honolulu

HI 96819

Begin Date: 8/2/2018

End Date:

8/10/18

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 CCFFH recertification review made on 8/02/18. Corrective Action Report issued during home visit with all items due to CTA by 9/02/18.

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

Foster Family Home

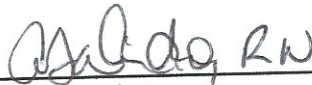
Background Checks

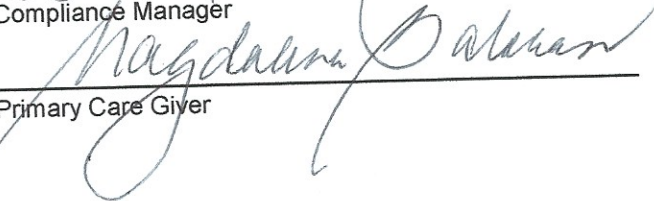
[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) - eCrim for CG#3 lapsed: was due on/before 2/09/2018, was done on 7/31/2018.


Compliance Manager


Primary Care Giver

8/02/18
Date

8/2/18
Date

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

CCFFH Name: MAGDA'S FOSTER HOME (MAGDALENA BALORAN)
 CCFFH Address: 1512 MEYERS ST. HON. HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.2	Lapse can not be corrected under corrective action taken dated before September 2, 2018	8/2/18	<p>7.1.(a)(1) - crim for ch #3 lapsed was due on/before 2/9/2018, was done on 7/31/2018.</p> <p>In order not to lapse any background check requirements caregivers must have a bulletin board on the place where she can see it right away so it will remind them what will expire already remember "do it now tomorrow is another day to prevent any future lapses."</p>

Primary Caregiver's Signature: Margdalena Baloran
 Print Name: MAGDALENA BALORAN Date of Signature: 8/2/18