

# Foster Family Home - Corrective Action Report

Provider ID: 1-170025

Home Name: Leonarda Balais, CNA

94-616 Kahakea Street

Waipahu HI 96797

Review ID: 1-170025-4

Reviewer: Maribel Nakamine

Begin Date: 2/28/2020

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home inspection for a 3 person CCFFH recertification completed.  
Corrective Action Report issued during home inspection with all items due to CTA by 3/28/2020.  
6.(d)(1)- see applicable sections of the review

PCG requests to increase to 3 clients CCFFH.

## Foster Family Home Personnel and Staffing [11-800-41]

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.(c)- No annual in-service for the past 12 months for CG#3 and CG#4.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2, CG#5, and CG#6 without signatures on the Emergency Preparedness Plan form.

*Maribel Nakamine, RN*

Compliance Manager

*Leonarda A. Balais*

Primary Care Giver

*2/28/2020*

Date

*2/28/2020*

Date

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

CCFFH Name: **Leonarda Balais**

CCFFH Address: **94-616 Kahakea Street, Waipahu, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(c)	CG#3 and CG#4 obtained 12 hours each of annual in-service training. Certificates were filed in home binder.	3/11/2020	In the future, all caregivers will complete 12 hours of yearly in-service training. Home will utilize an iPhone calendar to schedule dates for each caregivers.
50.(a)	CG#2, CG#5, and CG#6 were trained by CG#1 the Emergency Preparedness Plan Procedure. All signed the form and filed in home binder.	3/11/2020	Home will ensure that all new caregivers will be trained within 5 days of adding them to home.

Primary Caregiver's Signature: Leonarda A. Balais

Print Name: LEONARDA A BALAIS Date of Signature: 3/16/2020