

Foster Family Home - Corrective Action Report

Provider ID: 1-120036

Home Name: Helen Ballila, CNA

Review ID: 1-120036-11

4019 Maunaloa Avenue

Reviewer: Pamela Perry

Honolulu

HI 96816

Begin Date: 5/26/2020

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

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

Comment:

6.(d)(1)- Unannounced visit made on 5/26/20 for a 3 bed CCFFH Annual Inspection. A Corrective Action Plan was issued during visit. All items due back to CTA by 6/26/20.

Foster Family Home Background Checks [11-800-8]

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)- HHM's #3,#4,#5 No eCrim report

8.(a)(2)- HHM's #3,#4,#5 No APS/CAN report

Signed by Proxy: *Liz Vauthour*
Compliance Manager

10/1/2020
Date

B...
Primary Care Giver

5/26/20
Date

CTA RN Compliance Manager: Pam Perry RN / Terri Van Houten RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: HELEN BALILA
(PLEASE PRINT)

CCFFH Address: 4019 MAUNALOA DR. HON. HI 96816
(PLEASE PRINT)

| Rule Number | Corrective Action Taken - How was each issue fixed for each violation? | Date each violation was fixed | Prevention Strategy - How will you prevent each violation from happening again in the future? |
|-------------|---|---|---|
| 8A1 | <p>An APS/CAN and Ecrim were conducted for all additional household members.</p> <p>Once permitted, household members will schedule for fingerprinting with fieldprint.</p> | <p>Ecrim 6/17/20</p> <p>APS/CAN 6/29/20</p> | <p>Going forward will ensure that all household members including the conjoining home will have a APS/CAN and Ecrim completed</p> |

All items that were fixed are attached to this CAP

PCG's Signature: *Helen Balila*

Date: 9/24/20

CTA has reviewed all corrected items