

Foster Family Home - Corrective Action Report

Provider ID: 1-620791

Home Name: Edelyn Baltazar, CNA

Review ID: 1-620791-7

1036 Pulaa Lane

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 5/13/2021

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 6/13/2021.

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)
CG#1 only has one set of fingerprint 7/8/17
CG#2 CG#3, HHM#2 and HHM#3 No fingerprints on file in binder

8.(a)(1)
CG#1, CG#5, HM#2, HHM#3 eCrim lapsed

8.(a)(2)
CG#2, #3, #5, HHM#2, HHM#3 APS/CAN lapsed

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)
Medication Administration Record not up to date for either client. Last documented was last week of April 2021. No May MAR.



Compliance Manager



Primary Care Giver

5/13/2021

Date

5/13/2021

Date