

Foster Family Home - Corrective Action Report

Provider ID: 1-180028

Home Name: Gemma Balantac, CNA

Review ID: 1-180028-5

1417C Middle Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 5/14/2021

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 2 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 6/14/2021

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)

8.(a)(2)

CG#1 APS/CAN lapsed Was done 4/26/19 and 5/31/21.

CG#3 2/26/21 APS/CAN not official certificate.

CG#3 E-Crim lapsed Was done 2/12/19 and 2/15/21

CG#4 APS/CAN/Fingerprint lapsed. Was done 12/16/19 and 1/7/21.

HHM#2 APS/CAN/Fingerprint lapsed. Was done 9/23/19 and 11/30/20.

HHM#3 APS/CAN/Fingerprint lapsed. Was done 9/23/19 and 11/30/20.

HHM#4 APS/CAN/Fingerprint 2019 not official form.

HHM#5 APS/CAN/Fingerprint 2020 and 2021 not official form.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

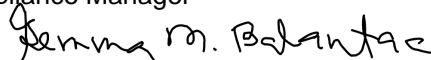
Comment:

46.(a)

No Fire Drill led by CG#2, CG#3 or CG#4 in 2020



Compliance Manager



Primary Care Giver

5/14/2021

Date

5/14/2021

Date

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Gemma M. Balantac

(PLEASE PRINT)

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

(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?
8.(a)(2)	CG#1 APS/CAN lapsed cannot be corrected. I attached the receipt and put in the binder.	05/18/21	Home will use a wall calendar, alerts in the phone and put all the due dates one month before its due to prevent future lapses.
	CG#2 APS/CAN not official certificate, will inform the caregiver that they will give the official certificate not screenshot.	5/18/21	CG#1 will look at all the background checks of each CG and HHM will be in official certificate.
	CG#2 Ecrim, lapse cannot be corrected.	5/18/21	Home will use wall calendar to put all due dates. Background checks will be done 1 month before it's due to prevent future lapse.
	CG#4 lapse cannot be corrected	5/18/21	Home will use spreadsheet in the laptop and put all due dates. Background checks will be done 1 month before it's due to prevent future lapse.
	HHM#2 lapse cannot be corrected.	5/18/21	Home will use wall calendar, iphone alerts, spreadsheet in the laptop to put all its due dates. Background checks will be done 1 month it's due to prevent future lapse.

All items that were fixed are attached to this CAP

PCG's Signature: Gemma M. Balantac

Date: 5/18/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Gemma M. Balantac
(PLEASE PRINT)

CCFFH Address: 1417 C Middle Street, Honolulu, HI96819
(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?
8.(a)(2)	HHM#3 lapse cannot be corrected.	5/18/21	Home will use wall calendar,iphone alerts,spreadsheet in the laptop to put all the due dates.Background checks will be done 1 month before it's due date to prevent future lapse.
	HHM#4 APS/CAN/Fingerprint not official certificate.Will inform the HHM that they will submit the official certificate not screen shot.	5/18/21	CG#1 will look at all background checks that will be in official certificate.
	HHM#5 APS/CAN/Fingerprint not official form.Will inform all the caregivers and household members to give the official certificate.	5/18/21	CG#1 will look at all background checks that will be in official certificate.
46.(a)	CG#2,CG#3,CG#4 no fire drill for 2020.	5/18/21	Fire drills will be done once a month and by each caregiver at least once a year. CG will put a reminder in the blackboard/ref.

All items that were fixed are attached to this CAP
PCG's Signature: Gemma M. Balantac Date: 5/18/2021

CTA has reviewed all corrected items