

Foster Family Home - Corrective Action Report

Provider ID: 1-160039

Home Name: Vi Balantac, RN

Review ID: 1-160039-7

94-1035 Lumiaina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/12/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/12/2021.

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), (2)- HHM#2's APS/CAN lapsed on 2/5/2021; Ecrim lapsed on 1/22/2021; HHM#3's APS/CAN lapsed on 9/25/2019; Ecrim lapsed on 9/25/2020; all without current renewals present in the CCFFH binder.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present in the CCFFH binder for HHM#2, HHM#3, HHM#4, HHM#5, and HHM#6.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 3/7/2020 and CG#2's lapsed on 4/2/2020. Both had no current renewals present in the CCFFH binder.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No monthly fire drill completed for the past 12 months; CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

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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 without evidence present of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home

Records

[11-800-54]

54.(c)(8) Personal inventory.

Comment:

54.(c)(8)- No completed Personal Inventory form on Client #1.

Maribel Nakamine, RN 4/12/2021

Compliance Manager

Date

Vi Bahlert

4.12.2021

Primary Care Giver

Date