

Foster Family Home - Deficiency Report

Provider ID: 1-210064

Home Name: Maribel E. Balet, NA

Review ID: 1-210064-1

94-367 Ikepono Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 9/9/2021

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 10/9/21.

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) - No first year APS/CAN and fingerprints for CG #2.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

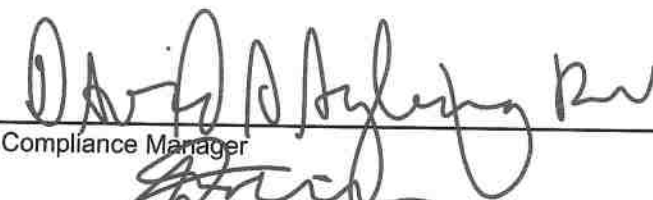

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(4) - No CG Disclosure form for CG #2.

41.(b)(7) - No current TB clearance for CG #2.

41.(b)(8) - No current Blood Borne Pathogen certification for CG #2.


Compliance Manager

Primary Care Giver

9/9/2021
Date
9/9/2021
Date

CTA RN Compliance Manager: DAVID AYLING, RN

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

PCG's Name on CCFFH Certificate: MARIBEL E. BALETE

(PLEASE PRINT)

CCFFH Address: 94-367 IKEPONO PLACE, WAIPAHU HI 96797

(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) (1)	I received the current APS/CAN and fingerprints for ■CG and placed it in my CCFFH binder.	9/18/21	I will have all paperwork completed at the time I hire a new ■CG.
8.(a) (2)	I received the current APS/CAN and fingerprints for household members. I put the forms in my CCFFH binder.	9/18/21	I will make sure that I have a current forms filed in my CFFH binder.
41.(b) (4)	I received the Disclosure form for CG#2 .I put the forms in my CCFFH binder.	9/18/21	I will have all paperwork completed at the time I hire a new ■CG.
41.(b) (7)	I received TB clearance for CG#2. I placed it in my CCFFH binder.	9/18/21	I will have all paperwork completed at the time I hire a new ■CG.
41.(b) (8)	I received the Blood Borne Pathogen certification for CG# 2 and placed it in my CCFFH binder.	9/18/21	I will have all paperwork completed at the time I hire a new ■CG.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 9/21/21

☒ CTA has reviewed all corrected items