

Foster Family Home - Deficiency Report

Provider ID: 1-160039

Home Name: Vi Balantac, RN

Review ID: 1-160039-9

94-1035 Lumiaina Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/10/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 4/10/2022.

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, HHM#3, and HHM#4 without the 1st and 2nd consecutive years of APS/CAN/Fingerprint results present in the CCFFH binder.

Maribel Nakamine, RN 3/10/22

Compliance Manager

Vi Balantac

Primary Care Giver

Date

3/10/22

Date