

Foster Family Home - Deficiency Report

Provider ID: 1-120036

Home Name: Helen Balila, CNA

Review ID: 1-120036-15

4019 Maunaloa Avenue

Reviewer: David Ayling

Honolulu

HI 96816

Begin Date: 4/13/2022

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

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

Comment:

6.d.1 Annual unannounced inspection made today. Corrective action report was issued during visit with a written plan of correction due to CTA by 5/13/22.

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) - eCrim expired on 12/5/2020 for CG #1 and CG #3. Renewed on 12/13/2020.

8.(a)(2) - APS/CAN expired on 7/12/2021 for CG #1. No proof of second year APS/CAN and fingerprints for CG #2.

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

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

Comment:

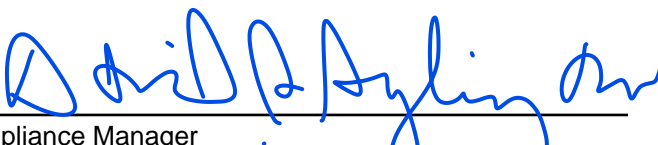
41.(b)(8) - No current Blood Borne Pathogen certification for CG #1, CG #2, and CG #3.


Foster Family Home Records [11-800-54]

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

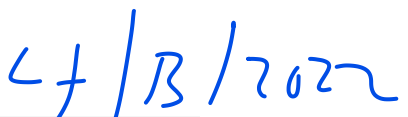
Comment:

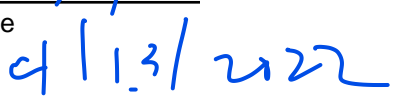
54.(c)(5) - MAR not completed since 3/3/2022 for client #1. MAR not completed since 3/10/2022 for client #3.



Compliance Manager


Primary Care Giver



Date


Date