## Foster Family Home - Deficiency Report

Provider ID:

1-170025

Home Name:

Leonarda Balais, CNA

Review ID:

1-170025-8

94-616 Kahakea Street

Reviewer:

David Ayling

Waipahu

HI 96797

Begin Date:

3/9/2022

**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 4/9/22.

**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;

Comment:

8.(a)(1) - CG #4 eCrim expired on 5/16/2020. Renewed on 8/31/2020.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager:

DAURD AYLING RN

## Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:		LEONARDA		A-	BALA	S		
CCFFH Address:	94-616	Kanalaa St. Waipaha 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?						
ş(a)4)	I showed a current & on the day of my inspection.		I put the expiration date for & cain por all all calenda. I will check it every morth.						

All items that were fixed are attached to this CPCG's Signature:	CAP Fely -	Date: 3/9/2012
CTA has reviewed all corrected items		Date.