

Foster Family Home - Deficiency Report

Provider ID: 1-620791

Home Name: Edelyn Baltazar, CNA

Review ID: 1-620791-11

1036 Pulaa Lane

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 2/15/2023

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

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

Comment:

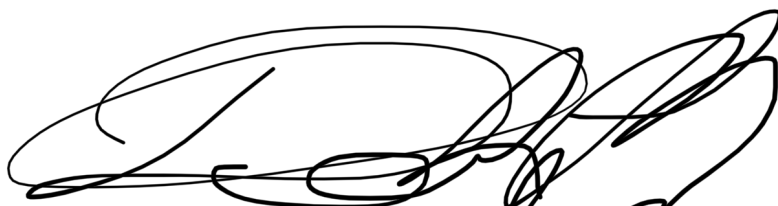
6.(d)(1)-Unannounced visit made for a 3-bed annual inspection. Deficiency report issued during CCFFH inspection with a written plan of correction due on 03/15/2023

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 #2 TB clearance form lapsed on 12/30/2022 and CG#3 lapsed on 12/08/2022. Both were without the current results.



Compliance Manager

2/15/23

Date



Primary Care Giver

2/15/23

Date

CTA RN Compliance Manager: Deborah Baumgart

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Edelyn M. Baltazar
(PLEASE PRINT)

CCFFH Address: 1036 Pulaa Lane Honolulu HI 96819
(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?
41.(b)(7)	TB Clearance for CG#2 and CG#3 were obtained and filed in binder.	CG#2 obtained on 2/18/2023 and CG#3 obtained on 2/22/2023	I will have a wall calender to serve as a reminder to keep all due dates to avoid expiration.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2/28/2023

CTA has reviewed all corrected items