

Foster Family Home - Deficiency Report

Provider ID: 1-560971

Home Name: Julia Balon, CNA

Review ID: 1-560971-14

94-363A Honowai Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 2/16/2023

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction required, due to CTA within 30 days of inspection

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) CCFFH binder is unavailable unable to determine status of background checks.

8.(a)(1) CCFFH has an upstairs staircase with renters, these renters are not listed as house hold members. Current CG is unaware of their names

Foster Family Home Reporting Changes [11-800-12]

12. The case management agency or home shall immediately report to the department changes that may affect the case management agency's or home's ability to comply with the applicable requirements of this chapter. Changes to be reported include, but are not limited to, changes:

12.(4) In the household composition or structure of the home; and

Comment:

12. No notification that CG 1 will be out of the country for 3 weeks with a live in CG #4.

12.(4) Upstairs tenants are not disclosed as HHM

Foster Family Home Operation of CCFFH [11-800-39]

39.(2) Comply with all applicable requirements set forth in this chapter.

Comment:

39.(2) CG # 4 is current respite live in for 3 weeks. There is no CCFFH binder to determine TB clearance, confidentiality, delegations

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Contracts with CMAs

[11-800-40]

40.(2) That requires the home to accept the case management agency's clients exclusively

Comment:

40.(2) MAR and current forms for client # 1 state [redacted] CMA. On calling CMA to inquire about CG 4 delegations, it was discovered that client # 1 CMA is now [redacted] there is no proof that client was given choice and no contact information present for [redacted]

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(j)(3) Authorize all substitute caregivers to permit entrance by case management agency and department staff, with or without prior notice, for the purpose of client monitoring, investigation, and quality assurance review.

Comment:

41.(j)(3) There were 2 CCFFH on this property with 2 door bells at the gate. One doorbell went unanswered, the other was answered via intercom stating come through gate to back house. It was unclear where the CCFFH is requiring walking through the property to find a door.

Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) Client 1 2 and 3 has no available service plan to review they are supposedly behind a locked door with no access to the [redacted] CG (4)

Foster Family Home

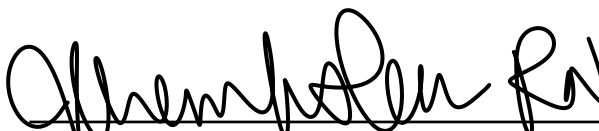
Quality Assurance


[11-800-50]

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

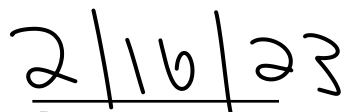
Comment:

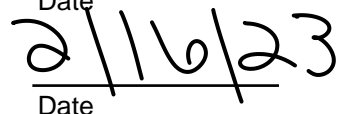
50.(e)(1) Only MAR, flow sheet and notes were available for review for client 1,2, and 3



Compliance Manager


Primary Care Giver



Date


Date