

Foster Family Home - Deficiency Report

Provider ID: 1-130055

Home Name: Manilyn Nagtalon Balubar, CNA

Review ID: 1-130055-17

91-1659 Paekii Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/27/2023

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/27/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) and 8.(a)(2) APS/CAN/Fingerprint check is overdue for HHM#2 (turned 18 years old), was due on/before 4/8/2023.

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) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control. CG# 2 BBP/IC lapsed, was due on/before 1/2/2022 and was done on 12/20/2022.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#2, #3, and #4 did not receive the EPP training nor sign the acknowledgement form.



Compliance Manager


Primary Care Giver

10/27/23

Date

Date

CTA RN Compliance Manager: Po-Lim

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

PCG's Name on CCFFH Certificate: Manilyn Balubar

(PLEASE PRINT)

CCFFH Address: 91-1659 Paekii Street Ewa Beach HI, 96706

(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?
8.(a)(1) and 8.(a)(2)	Lapse cannot be corrected.	11/9/23	Home will do background check on any HHM once 18yrs of age. Home will use a spreadsheet on Ipad with Reminder alert to identify if any requirements are due or need to be done to prevent them from expiring. CG#1 will inform other caregivers when an item is due weeks before expiration.
41.(b)(8)	Obtained current Bloodborne Pathogen/Infection control from CG# 2. Placed in Admin Binder.	10/27/23	Home will notify all CG's of any due requirements. Home will use a wall calendar to put all due dates on. Any due documents will be reminded and done by all CG at least weeks before due date to prevent future lapses.
50.(a)	Emergency management policy and procedure was signed. CG#2, #3, and #4 Received the EPP training and signed the acknowledgement form. Placed in Admin Binder.	11/17/23	██████████ Caregiver ¹ will review Admin binder periodically to check if Policies and procedures including Emergency preparedness plan were signed by all CG's and to make sure they are placed in Admin binder. Reminder alert to be done by all CG.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 11/17/23

CTA has reviewed all corrected items