

# Foster Family Home - Deficiency Report

Provider ID: 1-160039

Home Name: Vi Balantac, RN

Review ID: 1-160039-13

94-1035 Lumiaina Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 2/28/2024

## 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 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with the plan of correction due to CTA within 30 days of inspection. (Issued 2/28/2024.


## Foster Family Home Background Checks [11-800-8]

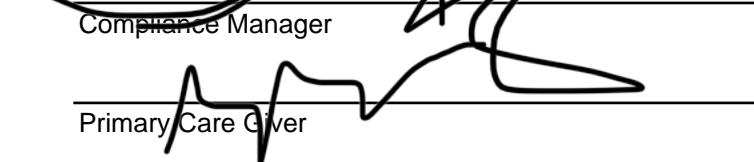
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

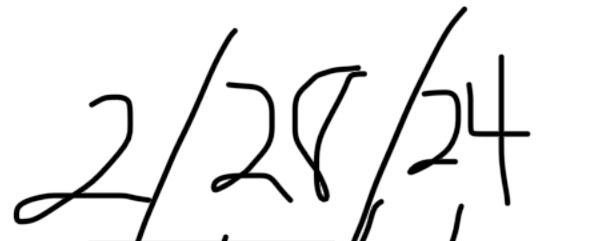
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

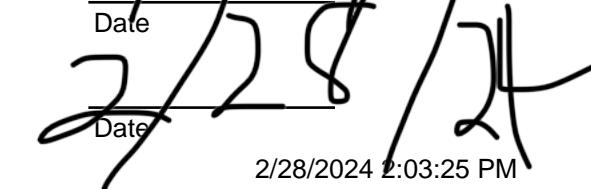
Comment:

8.(a)(1)(2)-No second year of APS/CAN Fingerprinting present for HHM#2,HHM#3and HHM#4 in the CCFFH binder.

  
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Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date