

Foster Family Home - Deficiency Report

Provider ID: 1-587446

Home Name: Rosalina Balmilero, CNA

Review ID: 1-587446-17

94-817 Hohiu Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 8/22/2024

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.

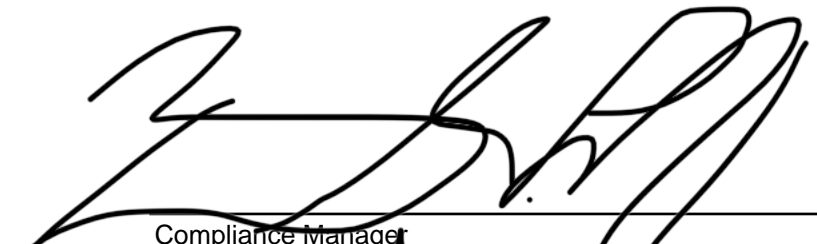
Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.
(Issued 8/22/2024)

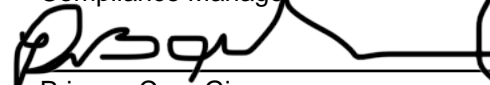
Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and


Comment:

41.(b)(7)-CG#2 TB clearance due 4/24/2024 and was done on 7/17/2024.



Compliance Manager


Primary Care Giver



Date
8/22/24

Date
8/22/24

8/22/2024 12:20:35 PM

CTA RN Compliance Manager: Deborah Baumgart LPN

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

PCG's Name on CCFFH Certificate: Rosalina Balmilero
(PLEASE PRINT)

CCFFH Address: 94-817 Hohiu Place, Waipahu 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? |
|-------------|--|-------------------------------|--|
| 41.(b)(7) | Lapse cannot be corrected. | 7/17/24 | CG#1 will use desk calendar to keep track of all caregivers expiration dates. Will schedule 1 month prior to expiration. |

All items that were corrected are attached to this POC

PCG's Signature: Rosalina L. Balmilero

Date: 8/22/2024

CTA has reviewed all corrected items