

Foster Family Home - Deficiency Report

Provider ID: 1-200070

Home Name: Odessa V. Bali, CNA

Review ID: 1-200070-9

94-460 Awamoi Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 8/29/2024

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 8/29/2024)

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

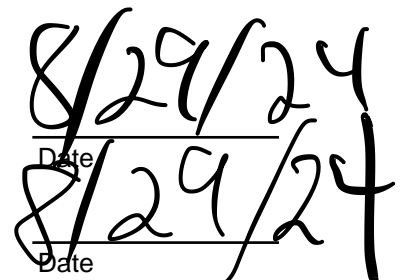
Comment:

8.(a)(1)(2)-CG#2 APS/CAN lapsed 11/22/23 and was done on 7/1/2024 CG# 2 Ecrim lapsed on 12/14/2023 with no current results present . CG#5 APS/CAN fingerprints lapsed on 10/26/2023 and was done on 7/11/2024.



Compliance Manager

Primary Care Giver



Date

Date