

# Foster Family Home - Deficiency Report

Provider ID: 1-210004

Home Name: Diana Rose Ballares, CNA

Review ID: 1-210004-10

94-881 Kuhaulua Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/29/2024

## 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 3-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.  
(Issued 10/29/2024)

## 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#1 TB clearance lapsed 2/9/24 and was done on 3/19/24. CG#2 TB clearance lapsed on 7/2/24 and was done on 9/24/24.



Compliance Manager

Primary Care Giver

10/29/24  
Date  
10/29/24  
Date

CTA RN Compliance Manager: DEBORAH BAUMGART

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

PCG's Name on CCFFH Certificate: DIANA ROSE BALLARES  
(PLEASE PRINT)

CCFFH Address: 94- 881 KUHAULUA ST. WAIPAHU, HAWAII, 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.	10/29/24	Home will use a spreadsheet On laptop to identify when Requirements are due to Prevent them from expiring. CG#1 will inform other Caregivers when an item is Due 2 weeks before it is due.

All items that were corrected are attached to this POC

PCG's Signature: *Diana Rose Ballares*

Date: 10/29/2024

CTA has reviewed all corrected items