

Foster Family Home - Deficiency Report

Provider ID: 1-240047

Home Name: Imelda Balcobero, NA

Review ID: 1-240047-1

94-735 Kuhaulua Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 7/2/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/2/24.


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:

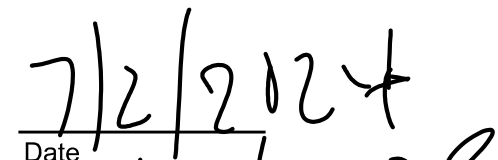
8.(a)(1)(2) - No current APS/CAN and fingerprints for CG #2. Expired on 6/15/2024.




Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: David Ayling, RN

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

PCG's Name on CCFFH Certificate: IMELDA BALCOBERO
(PLEASE PRINT)

CCFFH Address: 94- 735 Kuhaulua 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?
8 (a) (1) (2)	I received a current APS/ CAN and fingerprint from CG # 2. I placed the printed document in my CCFFH binder.	7/25/2024	I put all the expiration dates for APS/ CAN and fingerprints on my computer calendar for all of my SCGs. I will also set a reminder 1 month prior to these expiration dates.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7/25/2024

CTA has reviewed all corrected items