

# Foster Family Home - Deficiency Report

Provider ID: 1-130055

Home Name: Manilyn Nagtalon Balubar,  
CNA

91-1659 Paekii Street

Ewa Beach

HI

96706

Review ID: 1-130055-17

Reviewer: Po Lim

Begin Date: 10/27/2023

## 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/27/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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) and 8.(a)(2) APS/CAN/Fingerprint check is overdue for HHM#2 (turned 18 years old), was due on/before 4/8/2023.

## Foster Family Home

## Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control. CG# 2 BBP/IC lapsed, was due on/before 1/2/2022 and was done on 12/20/2022.

## Foster Family Home


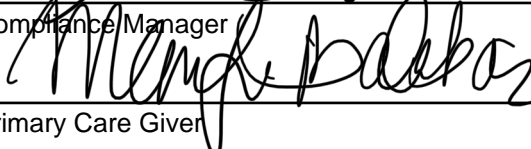
## Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#2, #3, and #4 did not receive the EPP training nor sign the acknowledgement form.

  
Compliance Manager  
  
Primary Care Giver

10/27/23

Date

Date