

Foster Family Home - Deficiency Report

Provider ID: 1-210064

Home Name: Maribel E. Balete, CNA

Review ID: 1-210064-9

94-367 Ikepono Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/17/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 6/17/25)

Foster Family Home	Background Checks	[11-800-8]
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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#1's APS/CAN lapsed on 6/2/24 and was not renewed until 10/8/24; Ecrim lapsed on 6/2/24 and no current result was present.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#4.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(a)(3)- No Job Experience Form completed by CG#4.

41.(b)(4)- No Substitute Caregiver Disclosure completed by CG#4.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- No Sign In/Out present in the CCFFH.

Foster Family Home - Deficiency Report

Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations present for CG#3 in Client #1's chart/records.

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)Fire- Last CCFFH's monthly fire drill was conducted on 2/23/25. Missing for the months of March 2025, April 2025, and May 2025.

(3P)(b)(6)Fire- CG#4 without evidence of having conducted a monthly fire drill for the CCFFH.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

54.(c)(5) Medication schedule checklist;

Comment:

54.(a)(1)- No Emergency Evacuation Map present in the CCFFH.

54.(c)(5)- Medication discrepancy noted for Client #2- one medication's label (dosage) did not match the MD's order and the client's Medication Administration Record (MAR).

Maibet Nakamine, RN 6/17/25
Compliance Manager Date
[Signature] 6/17/25
Primary Care Giver Date

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

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

PCG's Name on CCFFH Certificate: MARIBEL E. BALETE, CNA
(PLEASE PRINT)

CCFFH Address: 94-367 IKEPONO PL. 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)	Lapse can not be corrected.	7/1/2025	Home will create a file on the computer to put all due dates on. Background checks will be done 3 weeks before due date to prevent future lapses.
16.(b)(5)	Training was initiated to all caregivers, household member and filed the signed forms in the home binder.	7/1/2025	Home needs to train all caregivers and household members to protect clients rights and privacy. Home will create a spreadsheet on the lap top to log if all forms were completed and signed by all household members and caregivers.
41.(a)(3)	Form was obtained from CG# 4 and it was filed in the home binder.	7/1/2025	Home will print all necessary forms for caregivers to fill and sign before scheduling them to work. Create a binder and fill with blank forms with the CTA check list and make sure all necessary forms are completed by all caregivers.
41.(b)(4)	Obtained signed forms from CG#4 and it was placed in the home binder.	7/1/2025	Home will print all necessary forms for caregivers to fill and sign before scheduling them to work. Check over the CTA check list if all forms were completed.
(3P)(b)(2)	Forms was created and it was placed in the home binder. Notified all caregivers to sign in and sign out each time they come to work.	7/1/2025	Home needs to have updated sign in and sign out log forms for all substitute caregivers all the time.
43.(c)(3)	Obtained forms from CMA and it was place in to the client record.	7/1/2025	Home will notify client's CMA RN delegation needs to be done within 1 day of a caregiver being added to the home.

☐ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 7/17/2025

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: MARIBEL E. BALETE, CNA
(PLEASE PRINT)

CCFFH Address: 94-367 IKEPONO PL. 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?
(3P)(b)(1)	Lapse can not be corrected.	7/1/2025	Home should scheduled monthly drill .
(3P)(b)(6)	Lapse can not be corrected. Informed caregivers to schedule them for the fire drill.	7/1/2025	Home will schedule substitute caregivers once a year to initiate the fire drill. WILL SET UP REMINDER IN MY PHONE ALARM FOR THE SCHEDULED FIRE DRILL.
54(a)(1)	Created the evacuation map and put into the hallway.	7/1/2025	Home needs to place a copy of evacuation map for caregivers and clients to see in case of emergency.
54.(c)(5)	Medication discrepancy was corrected by client's CMA,MD, and CG#1 on client's medication administration record.	7/1/2025	CG#1 will look at all medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy and or doctor if they are different.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 7/17/2025

☒ CTA has reviewed all corrected items