

Foster Family Home - Deficiency Report

Provider ID: 1-240080

Home Name: Stephanie Khaye Balaan, CNA

Review ID: 1-240080-3

96-239 Waiawa Road Unit B

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 6/12/2025

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 6/12/2025).

6.(d)(1): No evidence provided by CCFFH of current CNA prometric registry check for CG#1 and CG#2. No documentation provided.

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 evidence provided by CCFFH of confidentiality/privacy training completed for CG#2, CG#3, CG#4, and CG#5. No documentation provided.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(c): No documentation provided by CCFFH of list of side effects of current medications for client #1.

47.(d)(1): No evidence provided by CCFFH of physician order for use of bed side rails for client #1. No documentation provided.

Foster Family Home	Quality Assurance	[11-800-50]
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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): Internal emergency management policy has a signature sheet that is not signed by CG#3 and CG#4.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(8)

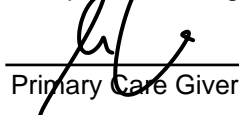
Personal inventory.

Comment:

54.(c)(8): No evidence provided by CCFFH of current inventory of client #1's personal belongings. No documentation provided.



Compliance Manager



Primary Care Giver



Date

Date

CTA RN Compliance Manager:

RYAN NAKAMURA

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

STEPHANIE KHANE BALAAH

(PLEASE PRINT)

CCFFH Address:

96-239 WAIWA ROAD UNIT B, PEARL CITY HI 96782

(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?
G.d.1	Current CHA prometric registry check for CG#1 and CG#2 was done and was place into home record.	7/09/25	CG#1 will set a reminder and mark calendar 2 weeks before due date.
16.b.5	Confidentiality/privacy training for CG#2, CG#3, CG#4 and CG#5 was completed and was placed into home record.	7/09/25	CG#1 will make sure to have all the caregivers sign the confidentiality as well as the procedure about client privacy rights training once the client is admitted to the home. We will set a reminder by informing SCG that is taking care of the client via group text messaging.
47.c	List of side effect of current medications for client #1 was done and provided by the client's CMA.	7/09/25	CCFFH need to understand medication side effects and CG#1 will review and check all the updated medication list. CG#1 will communicate with Nurse CMA if she don't know the side effect of the medication should be added to the check list.

☒ All items that were corrected are attached to this POC

PCG's Signature:

Date:

7/09/2025☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: RYAN NAKAMURA

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

PCG's Name on CCFFH Certificate: STEPHANIE KHAYE BALAN
(PLEASE PRINT)CCFFH Address: 96-239 WAIKAWA ROAD UNIT B PEARL CITY HI 96782
(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?
43.d.1	Client #1 MD orders signed by PCP to used side rails for client's safety. Copy given to CMA and filed in client binder.	7/09/25	CG#1 will make sure to obtained signed MD orders for side rails for the safety of client. CG#1 will communicate to RN CMA if there is something I don't understand about any orders should be added to the check list.
50.a	CG#3 and CG#4 has been trained and signed the CCFFH's Internal Emergency Management.	7/09/25	CG#1 will make sure to have all caregivers sign the emergency management policy. Home will set a reminder by informing the SCG that is taking care of the client via group text messaging.
54.c.8	Client #1 personal belongings was listed and was placed into client record.	7/09/25	CG#1 will conduct the personal inventory check list in the time of client admission. Everytime the legal representative or client's family will bring personal belongings to client, it should be added to the check list.

☒ All items that were corrected are attached to this POCPCG's Signature: [Signature]Date: 7/09/25☒ OTA has reviewed all corrected items