

# Foster Family Home - Deficiency Report

Provider ID: 1-200070

Home Name: Odessa V. Bali, CNA

94-460 Awamoi Street

Waipahu HI 96797

Review ID: 1-200070-11

Reviewer: Ryan Nakamura

Begin Date: 9/4/2025

**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 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: 9/4/2025).

CCFFH applied to increase to 3 client bed CCFFH.

**Foster Family Home**

**Personnel and Staffing**

**[11-800-41]**

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(h): CCFFH applied to increase to 3 client beds. CG#2 and CG#5 are not approved as 3 bed substitute caregivers.

**3 Person Staffing**

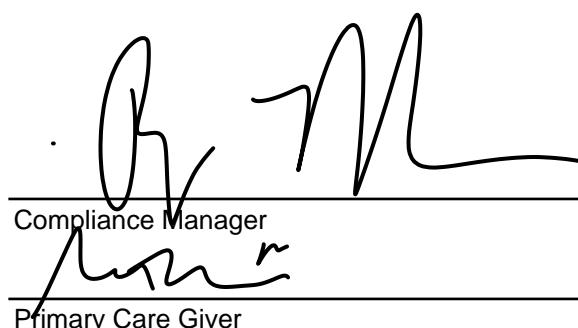
**3 Person Staffing Requirements**

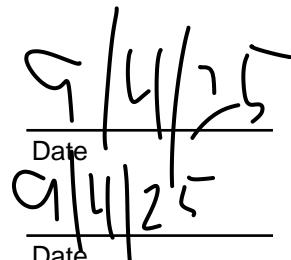
**(3P) Staff**

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff: CCFFH applied to increase to 3 client beds. No documentation present in CCFFH records of minimum 1 year work experience for CG#2 and CG#5.

  
Compliance Manager  
Primary Care Giver

  
Date  
9/4/25