

Foster Family Home - Deficiency Report

Provider ID: 1-587446

Home Name: Rosalina Balmilero, CNA

Review ID: 1-587446-19

94-817 Hohiu Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 8/25/2025

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/25/25 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#5 and HHM# 2.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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 CPR for CG#3 and CG#5. CG#3 was due on/before 4/30/2025 and CG#5 was due on before on7/31/2025.

CCFFH did not have evidence of current First Aid training for CG# 5. It was due on/before 7/31/2025.

Foster Family Home	Client Care and Services	[11-800-43]
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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 delegation present for Client#1 and #2 for CG# 5.

Foster Family Home	Fire Safety	[11-800-46]
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46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#4 did not have evidence of conducting a monthly fire drill within the past 12 months.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]


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

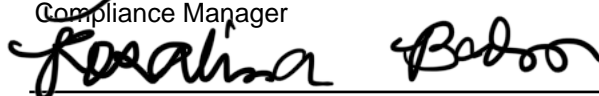
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:


54(c)(5) MAR was not documented daily for Client #1 and Client #2.
Client #1 MAR Sheet not completed from 8/22/25 to 8/24/25.
Client #2 MAR Sheet not completed from 8/22/25 to 8/24/25.

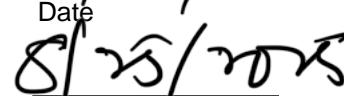
54(c)(6) ADL flowsheet was not documented daily for Client #1 and #2.
Client#1 ADL Sheet not completed from 8/19/25 to 8/24/25.
Client #2 ADL Sheet not completed from 8/22/25 to 8/24/25.



Compliance Manager


Primary Care Giver



Date


Date