

Foster Family Home - Deficiency Report

Provider ID: 1-220019

Home Name: Aloha Baliscao, CNA

Review ID: 1-220019-9

94-440 Opeha Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 2/5/2026

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 10 business days (inspection date: 2/5/2026).

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): First aid/CPR training expired on 2/2/2026 for CG#3.

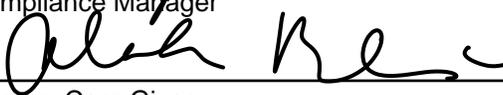
Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence present in CCFFH records of CG#2 and CG#3 conducted a fire drill in the past 12 months.



Compliance Manager


Primary Care Giver



Date


Date