

Foster Family Home - Deficiency Report

Provider ID: 2-250090

Home Name: Cathy Balicoco, CNA

Review ID: 2-250090-1

127 W. Puainako Street

Reviewer: Po Lim

Hilo HI 96720

Begin Date: 10/30/2025

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 visit made for a 2 bed new home inspection.

Deficiency Report issued during CCFFH inspection via email on 10/30/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

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) First set of Fingerprint was not present for HHM#2 file.

8(a)(2) APS/CAN checks were not present for HHM#2 file.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(a)(2) CG#1 CNA license is not present in the file.

41.(b)(8) CCFFH did not have evidence of current First Aid/Bloodborne Pathogen/Infection control training for CG#1 and CG#3.

CG#1 1st aid is not present in the file.

CG#3 BBP/IC is not present in the file.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

51.(a)(2) Automobile; and

Comment:

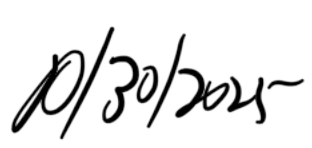
51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business.

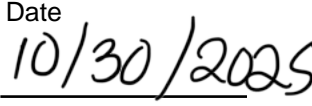
51.(a)(2)- The CCFFH did not have evidence of the minimum liability requirement of the automobile policy.



Compliance Manager


Primary Care Giver



Date


Date