

# Foster Family Home - Deficiency Report

Provider ID: 1-220029

Home Name: Chelita Ballesteros, NA

Review ID: 1-220029-11

94-230 Pupukoa Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 2/11/2026

## 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 (2/11/2026).

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7): Current TB clearance present in CCFFH records for CG#3 not signed by MD/APRN/DO and on unapproved state TB clearance document.

41.(c): Only 10.5 hours of annual in-service training completed in 2025 and 8.5 hours of annual in-service training completed in 2024 present in CCFFH records for CG#1.



## Foster Family Home Client Care and Services [11-800-43]

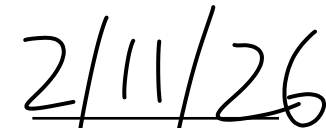

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in client records of RN delegations given for oxygen and rectal suppository medication administration and suctioning for client #1 for all caregivers.

No evidence present in CCFFH records of RN delegation given for nasal spray medication administration for client #2 for all caregivers.

  
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Compliance Manager  
  
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Primary Care Giver

  
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Date  
  
\_\_\_\_\_  
Date