

Foster Family Home - Deficiency Report

Provider ID: 1-180083

Home Name: Cherille Balagat, LPN

Review ID: 1-180083-14

99-919 Lalawai Drive

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 9/19/2025

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: 9/19/2025).

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

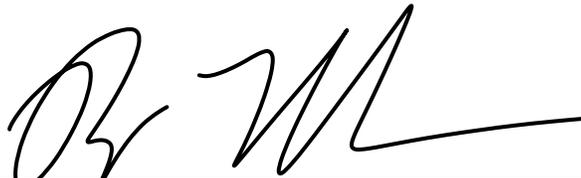
8.(a)(2): Evidence present in CCFFH records of lapse of APS/CAN clearance. APS/CAN clearance was due by 3/30/2025 and completed 6/17/2025.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1): No evidence present in CCFFH records of TB clearance signed by MD/APRN/DO for HHM#3. TB clearance present in records was signed by RN and not used DOH approved form.



Compliance Manager



Primary Care Giver

9/19/25

Date

9/19/25

Date