

Foster Family Home - Deficiency Report

Provider ID: 1-210004

Home Name: Diana Rose Ballares, CNA

Review ID: 1-210004-13

94-565 Apii Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 11/21/2025

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 11/21/25).

6.d.1- Client #3 without an 1147 form/document in chart/records.

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

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

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

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 3/19/25 and was not renewed until 5/1/25.

41.(b)(8)- CG#1's CPR/Basic First Aid lapsed on 11/23/24 and was not renewed until 8/19/25.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#5 without evidence of having conducted a monthly fire drill of at least once per year for the past 12 months.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

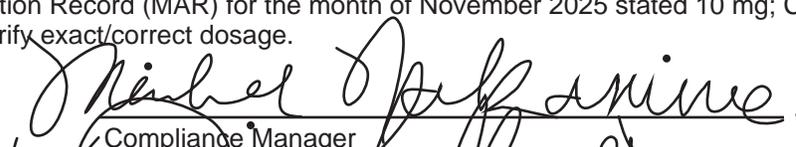
53.(b)(9)- Client #2 and Client #3 were in a shared bedroom- no consent/agreement present from each client/POA.

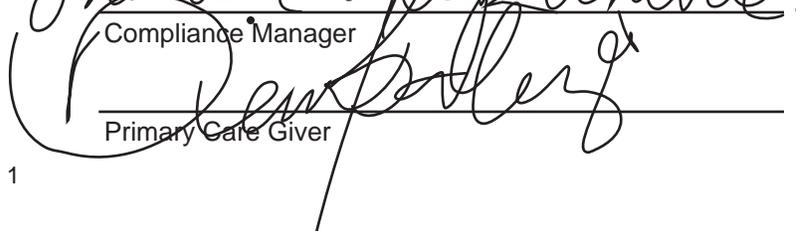
Foster Family Home Records [11-800-54]

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

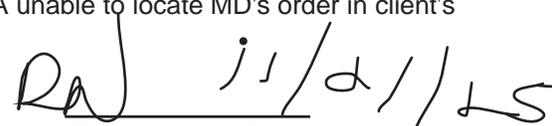
Comment:

54.(c)(5)- Medication discrepancy noted for Client #1's Pravastatin- bottle dosage label as 80 mg; client's Medication Administration Record (MAR) for the month of November 2025 stated 10 mg; CTA unable to locate MD's order in client's chart to verify exact/correct dosage.



Compliance Manager


Primary Care Giver

 RA
Date 11/21/25
Date 11/21/25

CTA RN Compliance Manager: MARIBEL NAKAMINE

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: DIANA ROSE BALLARES

(PLEASE PRINT)

CCFFH Address: 94-565 Apii Street, Waipahu, Hi, 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
6.d.1	Contacted CMA regarding 1147 Assessment.	11/22/25	Home will notify client's CMA for the 1147 form. Home will notify client's CMA when the requirements are due to prevent from expiring. Home will use a spreadsheet on the computer.
41.b.7	Lapse cannot be corrected. TB clearance obtained 5/1/25.	11/21/25	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring.
41.b.8	Lapse cannot be corrected. First aid is current and renewed 8/19/25.	11/21/25	Home will use a wall calendar/ spreadsheet laptop to put all due dates on.
3.p.b.6	Informed CG #5 to conduct/lead one fire drill per year. CG #5 will conduct/lead fire drill in December 28 2025. PCG will provide a fire drill form provided by [REDACTED] to allow identification of all the SCGs conducting the drill.	11/21/25	PCG will inform all SCGs to participate / conduct a monthly fire drill at least once a year. Use fire drill form to track
53.b.9	Obtained a shared room consent/agreement to client #2 and client #3.	11/22/25	PCG will obtain a consent / agreement form before admission to the client/s if it's okay to be a shared room or not.

All items that were corrected are attached to this POC

PCG's Signature: _____

Diana Rose Ballares

Date: 12/18/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: DIANA ROSE BALLARES
(PLEASE PRINT)

CCFFH Address: 94-565 Apii Street, Waipahu, Hi, 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.c.5	Medication discrepancy was corrected by client's CMA, PCP and PCG on client #1 Medication Administration Record (MAR).	12/05/25	PCG will look at all the Medication Administration Record (MAR) and medication bottles to ensure that they are both match every time before giving a medication. Report immediately to CMA, PCP, Pharmacy if medication is different.

All items that were corrected are attached to this POC

PCG's Signature: *Diana Rose Ballares*

Date: 12/18/25

CTA has reviewed all corrected items