

# Foster Family Home - Deficiency Report

**Provider ID:** 1-560971

**Home Name:** Julia Balon, CNA

**Review ID:** 1-560971-20

94-363A Honowai Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 1/26/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 1/26/2026).

6.(d)(1): No current 1147 assessment present in client records for client #1 and client #2.

Foster Family Home	Background Checks	[11-800-8]
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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): Criminal background check was due by 1/24/2026 for CG#4.

Sex offender searches were completed incorrectly for CG#1, CG#4, CG#5, and CG#6. Searches included street addresses and radius.

8.(a)(2): Evidence of lapse of APS/CAN clearance for CG#4. APS/CAN clearance was due by 7/7/2025 and completed 9/04/2025.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of confidentiality policy training completed for CG#4.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:
  - 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
  - 41.(f)(2) Background checks

Comment:

41.(b)(8): Evidence of lapse of first aid/CPR training for CG#2. Training was due by 6/22/2025 and completed 8/12/2025.

41.(f)(1)(2): The CCFFH had a indoor stairway that led to another section of the building. Therefore, the CCFFH is considered one unit, not separate units. Individuals living upstairs were not listed as household members. No TB clearance or background checks present.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 RN delegations present in client #2's records for all caregivers.

No RN delegations for oxygen, oral suctioning, and topical medication administration for client #1 for all caregivers.

Foster Family Home	Fire Safety	[11-800-46]
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- 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#4 conducted a fire drill in the past 12 months.

Foster Family Home	Quality Assurance	[11-800-50]
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- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a): Internal emergency management policy has a signature sheet that is not signed by CG#2, CG#4, CG#5, and CG#6.

Foster Family Home	Client Rights	[11-800-53]
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- 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): Belongings found in client #3's bedroom did not belong to the client.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(a)(1): Discrepancy noted in evacuation map compared to current physical layout. Client #3's bedroom not included in evacuation map.

54.(c)(2): Last service plan present in client #2's records dated 6/21/2025 and was due by 12/21/2025.

54.(c)(6): No evidence of RN/SW visit from client #2's case management agency for month of 2/2025.

  
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Compliance Manager

  
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Primary Care Giver

1/25/26  
\_\_\_\_\_  
Date

1/26/26  
\_\_\_\_\_  
Date