

Foster Family Home - Deficiency Report

Provider ID: 1-170025

Home Name: Leonarda Balais, CNA

Review ID: 1-170025-16

94-616 Kahakea Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/19/2026

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 inspection made for a 2 bed CCFFH re-certification.

42.a. Client#1 has an expired Form 1147 on 10/3/2025.
Client#2 has an expired Form 1147 on 10/24/2025.

Deficiency Report issued during CCFFH inspection via email on 2/20/2026 with Plan of Correction due to CTA within 10 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). Second Fingerprint check is overdue for HHM#3.
Second Fingerprint check is overdue for CG#3

8.(a)(1) Sex Offender check are not present for HHM#3.

8(a)(2) APS/CAN checks were lapsed for CG#1.
APS/CAN was due on or before 10/26/2025 and was completed on 1/8/2026.

Foster Family Home Information Confidentiality [11-800-16]

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#3.

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Personnel and Staffing

[11-800-41]

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

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(a)(2) CNA Prometric registry check are not present for CG#1, #3, and #4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3 and HHM#3.

CG# 3 TB clearance was not recorded on the state standardized form.

HHM#3 TB clearance expired on 5/6/2025. and was not completed. TB was not recorded on the state standardized form.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#3, CG#4, and CG#5.

CG#3 CPR expires on 7/31/2025 and no new present in the file. CG#3 1st Aid is not present in the file.

CG#4 CPR and 1st Aid expires on 5/10/2025 and no new present in the file.

CG#5 CPR and 1st Aid expires on 8/10/2024 and no new present in the file.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current signature from POA for service plan present for Client#1.

No current service plan present for Client#2. Last one in record is dated 3/5/2025.

Compliance Manager

Primary Care Giver

Date

Date