

Foster Family Home - Deficiency Report

Provider ID: 1-130036

Home Name: Rosebella Balan, CNA

Review ID: 1-130036-19

94-857 Kaaholo Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/8/2025

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 2 bed re-certification inspection.

Client#1 current Form 1147 is not present in the file. Last one expired on 10/9/2025.

Deficiency Report issued during CCFFH inspection via email on 12/8/2025 with Plan of Correction due to CTA within 30 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;

Comment:

8.(a)(1) Fingerprint was overdue for HHM#2. HHM#2 has lived in home for over a month.

8.(a)(1) Sex Offender check are not present for CG#1, CG#2, CG#3 and HHM#2.

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#2.

Foster Family Home - Deficiency Report

| Foster Family Home | Personnel and Staffing | [11-800-41] |
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- 41.(a)(2) Be a NA, an LPN, or RN;

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

- 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.

- 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(a)(2) CNA Prometric registry check are not present for CG#1 and #3. CG#1 CNA license had expired on 3/31/2025 and no renew license is on file.

41.b.4 Disclosure form present for CG#1 was not up to date. HHM#2 has lived in CCFFH for over a month without being disclosed.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3 and HHM#2. CG# 3 TB clearance expired, was due on/before 2/11/2024. HHM#2 TB Clearance is not present in file.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1 and CG#2. BBP/IC certificate have invalid dates; class conducted on 12/28/2024, but certificate start dated is on 1/1/2025.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1. CG#1 requires 12 hours of in-service training, but had only 9 hours attended in 2024.

| Foster Family Home | Records | [11-800-54] |
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- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

- 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(c)(2) No current service plan present for Client#1. Last one in record is dated 4/16/2025.

54(c)(5) MAR was not documented daily. Sheet not completed from 12/6/25 through 12/7/25 for Client#1. Sheet not completed from 11/8/2025 through 11/30/2025; and from 12/6/25 through 12/7/25 for Client#2.

54(c)(6) ADL flowsheet was not documented daily. Sheet not completed from 12/6/25 thru 12/7/25 for Client #1. Sheet not completed from 12/5/25 through 12/7/25 for Client#2.

Client #2 did not have evidence of RN monthly visit notes for 4/2025 and 5/2025.

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CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Rosebella Balan, CNA
(PLEASE PRINT)

CCFFH Address: 94-857 Kaaholo 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) | Copy of completed 1147 obtained from CMA office for Client #1. | 12/29/25 | I will have a checklist of documents due for my clients (reference to Client's chart Table of Contents) and utilize a calendar to ensure documents are completed & filed in the chart prior to expiration. |
| 8.(a)(1) | Fingerprint completed for HHM#2. Sex offender registry search completed for CG#1, CG#2, CG#3, and HHM#2. | 1/6/26 | I will have a written schedule when CCFFH documents are due to ensure they will be renewed before expiration date and prevention of lapse in documents. |
| 16.(b)(5) | CG#1 reviewed confidentiality P&P and client privacy rights with HHM#2 and signed form to confirm understanding. | 1/9/26 | I will have checklist of my HHM's required paperwork to be completed prior and filed in CCFFH binder prior to residing in CCFFH. |
| 41(a)(2) | CNA prometric registry check completed for CG#1 and CG#3. (Note: CG#3 is not a CNA.) CG#1 application for CNA renewal submitted 12/2/25. Review and re-test scheduled for February 2026. Will submit current CNA license upon receiving. | 1/9/26 | I will have a written schedule when CCFFH documents are due to ensure they will be renewed before expiration date and prevention of lapse in documents. |

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1-9-26

CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Rosebella Balan, CNA
(PLEASE PRINT)

CCFFH Address: 94-857 Kaaholo Street Waipahu, HI 96797
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| 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? |
|-------------|---|-------------------------------|---|
| 41.(b)(4) | CG#1 updated PCG Disclosure form to reflect HHM#2. | 12/8/25 | I will have checklist of my HHM's required paperwork to be completed prior, which includes updating the PCG Disclosure form and filed in CCFFH binder prior to residing in CCFFH. |
| 41.(b)(7) | CG#3 and HHM#2 TB clearance completed. | 12/19/25 | I will have a written schedule when CCFFH documents are due to ensure they will be renewed before expiration date and prevention of lapse in documents and ensure HHM's required paperwork are completed prior and filed in CCFFH prior to residing in CCFFH. |
| 41.(b)(8) | CG#1 obtained BBP certificates from Provider Helping Hands of Hawaii President, Menchie Dawang, with corrected training date to 12/28/24. | 12/19/25 | I will check documents to ensure information is correct before filing in CCFFH binder. |
| 41.(c) | 2024 CG#1 in-service training updated following correction of training date for BBP. Refer to 41.(b)(8). | 12/19/25 | I will check documents to ensure information is correct before filing in CCFFH binder. I will also ensure CG requirements are completed using a written schedule when CCFFH documents are due to ensure they will be renewed before expiration date. |

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1-9-26

CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim

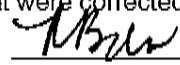
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Rosebella Balan, CNA
(PLEASE PRINT)

CCFFH Address: 94-857 Kaaholo 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? |
|-------------|--|-------------------------------|--|
| 41(a)(2) | CG#1 application for CNA renewal submitted 12/2/25. Review and re-test scheduled for February 2026. Will submit current CNA license upon receiving. | 1/9/26; 2/23/26 | I will have a written schedule when CCFFH documents are due to ensure they will be renewed before expiration date and prevention of lapse in documents. |
| 54.(c)(5) | (REVISED) Exam rescheduled due to sickness. Exam scheduled for 3/28/26 or 4/7/26 depending on availability. CG#1 remain NA until passes CNA exam. MAR for Client #1 and Client #2 completed. | 12/8/25 | (REVISED) I will ensure all caregivers will document medication administration in the MAR immediately after administering the medication. The visiting RN, CM will ensure compliance during monthly visit and will provide re-education as needed. |
| 54.(c)(6) | ADL flowsheet for Client #1 and Client #2 completed | 12/8/25 | (REVISED) I will ensure all caregivers will document ADL task in the ADL flow sheet immediately after completing task. The visiting RN, CM will ensure compliance during monthly visit and will provide re-education as needed. |

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2/23/26

CTA has reviewed all corrected items