

Foster Family Home - Deficiency Report

Provider ID: 1-509432

Home Name: Dominador Balinbin, CNA

Review ID: 1-509432-10

94-1034 Paiwa Place

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 3/16/2026

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 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 3/16/2026).

6.(d)(1): 1147 assessment present in client #2's records expired 1/16/2026.

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): No evidence present in CCFFH records of sex offender registry search completed for CG#2.

8.(a)(1)(2): 2nd set of APS/CAN/criminal background checks was due by 2/19/2026 for CG#2.

8.(a)(2): APS/CAN clearance was due by 3/15/2026 for CG#3.

Evidence of lapse of APS/CAN clearance for CG#1. APS/CAN clearance was due by 7/13/2026 and completed 8/8/2025.

Foster Family Home 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.(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.

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

Comment:

41.(a)(2): No evidence of current Prometric CNA registry check for CG#1 and CG#3.

41.(b)(7): TB clearance was due by 12/20/2025 for CG#3.

Evidence of lapse of TB clearance present in CCFFH records for CG#2. TB clearance was due by 7/20/2025 and completed 1/09/2026 for CG#2.

41.(f)(1): No evidence present in CCFFH records of TB clearance for HHM minor.

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3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(a)(5) Staff: No hours of in-service hours completed in the past 12 months and 16 hours completed in the past 24 months for CG#3.

(3P)(b)(2) Staff: No documentation present in CCFFH records of caregiver sign-in and out sheet initiated.

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Client Care and Services

[11-800-43]

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 evidence present in CCFFH records of RN delegations given for eye drop and nasal spray medication administration for client #1 for all caregivers.

No evidence present in client records of RN delegations given of any tasks for client #1 for CG#3.

No evidence present in client records of RN delegations given of any tasks for client #2 for CG#2.

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): No evidence present in CCFFH records of a fire drill conducted from 8/2025 to 2/2026.

46.(b)(2): No evidence present in CCFFH records of CG#3 conducted a fire drill in the past 12 months.

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Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(d)(1) By order of a physician;

Comment:

47.(c): No evidence present in client records of list of side effects of current medications for client #1 and #3.

47.(d)(1): No evidence present in CCFFH records of physician order for use of side rails for client #3.

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Quality Assurance

[11-800-50]

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.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

51.(a)(2) Automobile; and

Comment:

51.(a)(1): General liability insurance present in CCFFH records expired 1/1/2026.

51.(a)(2): Automobile insurance present in CCFFH records expired 11/15/2025.

Foster Family Home

Records

[11-800-54]

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;

Comment:

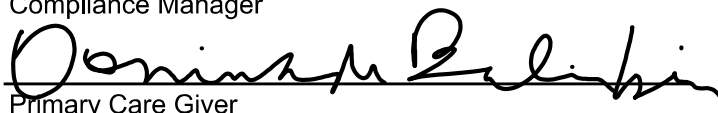
54.(c)(2): No client/representative signature present on client #2's current service plan.

Service plan was due by 2/28/2026 for client #3. No client/representative signature present on client #3's service plan dated 8/14/2025.

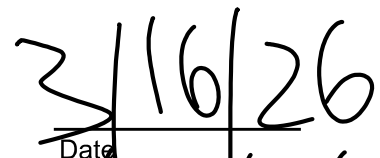
54.(c)(5): Discrepancy noted in client #2's medication Dorzolamide and Latanoprost. Medication administration record (MAR) stated Dorzolamide 1 drop right eye twice a day, but physician order stated 1 drop both eyes three times a day. MAR stated Latanoprost 1 drop in left eye at bedtime but physician order 1 drop in right eye at bedtime.



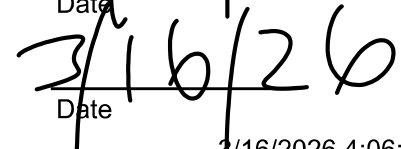
Compliance Manager



Primary Care Giver



Date



Date