

# Foster Family Home - Deficiency Report

Provider ID: 1-250044

Home Name: Maria Theresa Balubar, CNA

Review ID: 1-250044-3

94-349 Ikepono Place

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 4/28/2026

## 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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 4/28/2026).

## 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;

Comment:

8.(a)(1): 2nd set of criminal background check was due by 3/17/2026 for CG#1.

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

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#2 and CG#3.

41.(b)(8): No evidence present in CCFFH records of bloodborne pathogen training completed for CG#2 and CG#3.

41.(g): No evidence present in client #1's records of basic caregiver skills were checked for CG#2 and CG#3.

## Foster Family Home 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 RN delegations present for CG#2 and CG#3 for client #1. No plan present in record of what occurs if client requires medication while PCG is absent from the CCFFH.

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Foster Family Home

Quality Assurance

[11-800-50]

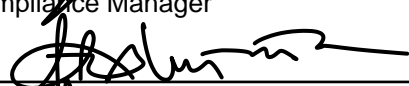
50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a): Internal emergency management policy has a signature sheet that is not signed by CG#2 and CG#3



Compliance Manager



Primary Care Giver

4/25/26  
4/26/26

Date

Date