Foster Family Home - Deficiency Report

Provider ID:	**1-250060**		
Home Name:	**Justin Jacob Balete, CNA**	**Review ID:**	**1-250060-2**
94-513 Hiahia Loop		Reviewer:	Po Lim
Waipahu HI 96797		Begin Date:	5/18/2026

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 for a 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 5/18/2026 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;

Comment:

8.(a)(1)
Second Fingerprint check is overdue for CG#2 and CG#3. Both need two sets of fingerprints and they are not present in the file.

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

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 CG#2.

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

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)(5)(C)(i)	Have a valid driver's license;
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.(e)	The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
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(a)(2) CG#1 and CG#3 CNA license are expired and no renew in the file.

41(a)(2) CNA Prometric registry check are not present for CG#3.

41.b.4. No disclosure form present for CG#2 and CG#3.

41.b.5.c.i. CG#2 does not have a picture ID in the file.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. CG#2 TB clearance was not present in the file.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid / Bloodborne Pathogen/Infection control training for CG#1, CG#2, and CG#3.
CG#1 CPR/1st aid expires 2/28/2026, and no renew present in the file.
CG#2 CPR/1st aid expires 2/28/2026, and no renew present in the file.
CG#3 CPR/1st aid expires 3/31/2026, and no renew present in the file.

CG#1 Bloodborne Pathogen/ IC expires 2/5/2026, and no renew present in the file.
CG#2 Bloodborne Pathogen/ IC was not present in the file.
CG#3 Bloodborne Pathogen/ IC expires 3/15/2026, and no renew present in the file.

41.(e) CG#2 and CG#3 CTA approval was not present in their file.

41.g. No basic skills check present in record 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 delegation present for Client#1 and #2 for CG#2 and #3.

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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.

Comment:

46.(a) - Last fire drill present in record was documented on 3/2026. No fire drill documentation present for April 2026.

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) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place.
CG#1 and CG#2 did not completed to plan and did not provide signature acknowledgement.

Foster Family Home	Records	[11-800-54]

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;
54.(c)(8)	Personal inventory.

Comment:

54(c)(5) Client#1 and #2 MAR was not documented daily. Sheet not completed from 5/16/26 to 5/17/26.

54(c)(6) Client#1 and #2 ADL flowsheet was not documented daily. Sheet not completed from 5/16/26 to 5/17/26.

54(c)(8) Client#1 and #2 did not have evidence that a personal inventory log has been initiated and/or maintained.

Compliance Manager — Date 5/18/2026

Primary Care Giver — Date 5/18/2026