

# Foster Family Home - Deficiency Report

**Provider ID:** 1-190073

**Home Name:** Amber G. Acosta, NA

**Review ID:** 1-190073-16

91-1358 Karayan Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 7/22/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/22/25).

Foster Family Home	Background Checks	[11-800-8]
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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 sex offender search results for HHM#1, HHM#2, HHM#3, HHM#4, HHM#5, and HHM#6.

8.(a)(1), (2)- No results of APS/CAN/Fingerprinting for HHM#1, HHM#2, HHM#3, HHM#4, HHM#5, and HHM#6.

Foster Family Home	Information Confidentiality	[11-800-16]
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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 confidentiality policies and procedures and client privacy rights training present for HHM#1, HHM#2, HHM#3, HHM#4, HHM#5, and HHM#6.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

Comment:

41.(f), (f)(1)- No TB clearance results nor exemption form completed for HHM#1, HHM#2, HHM#3, HHM#4, HHM#5, and HHM#6.

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## Foster Family Home

## Client Care and Services

[11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b)- No client room available during CCFFH inspection. Bedrooms were being occupied by household members.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No grab bars near clients' toilet.

## 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)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- No Automobile policy present.

## Foster Family Home

## Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

Comment:

54.(a)(1)- CCFFH without an emergency exits/evacuation map.

*Maibet Nakamine, RN*

Compliance Manager

*Ag Ayta*

Primary Care Giver

*7/22/25*

Date

*7/22/25*

Date