

Foster Family Home - Deficiency Report

Provider ID: 1-559148

Home Name: Josephine Pascua, CNA

Review ID: 1-559148-21

94-423 Hokuala Street

Reviewer: Deborah Baumgart

Mililiani HI 96789

Begin Date: 7/25/2025

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 annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/25/2025)

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)-CG#2 Ecrim lapsed 11/13/2024 and was done 5/31/3025.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)-CG#1 TB clearance lapsed 9/19/2024 and was done 11/18/2024. CG#2 TB clearance lapsed 9/19/2024 with no current results present.

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 in binder 01/08/2025.


Compliance Manager
Primary Care Giver

7/25/25
Date
7/25/25
Date