

# Foster Family Home - Deficiency Report

Provider ID: 1-200030

Home Name: Wilfreda Molina, NA

Review ID: 1-200030-14

94-405 Kuahui Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 7/7/2025

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/7/2025).

## 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;

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)(2): Evidence of lapse of APS/CAN and ecrim for CG#1. background checks were due by 7/17/2024 and completed 6/16/2025.

8.(a)(2): No evidence present in CCFFH records of current APS/CAN clearance for CG#2. APS/CAN clearance were due by 6/5/2025.

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

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.

Comment:

41.(c): No evidence present in CCFFH records of minimum 12 hours of annual in-service training for CG#1. 4 hours were present in CCFFH records for CG#1.

## 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 evidence present in client records of RN delegations of blood sugar monitoring and oral medication administration by client #2's case management agency for CG#2.


## Foster Family Home Records [11-800-54]

54.(c)(8) Personal inventory.

Comment:

54.(c)(8): No documentation present in client record of personal inventory for client #1.

  
Compliance Manager

  
Primary Care Giver

  
Date

Date