

Foster Family Home - Deficiency Report

Provider ID: 1-100118

Home Name: Elena Puesta, NA

Review ID: 1-100118-17

98-1678 Laauhuahua Place

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 8/4/2025

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 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: 8/4/2025).

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;

Comment:

8.(a)(1): No evidence present in CCFFH records of sex offender registry search completed for CG#4.

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 evidence present in CCFFH records of CCFFH's confidentiality/privacy training completed for CG#3.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA prometric registry search for CG#4.

Foster Family Home	Fire Safety	[11-800-46]
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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): No evidence present of CCFFH records of fire drill conducted for month of 7/2025.

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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#3 and CG#4.

Foster Family Home

Records

[11-800-54]

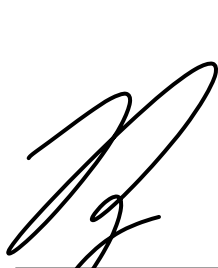

54.(c)(5) Medication schedule checklist;


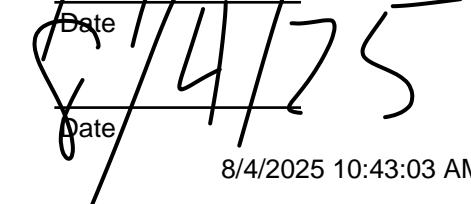
54.(c)(8) Personal inventory.

Comment:

54.(c)(5): Discrepancy noted in medication administrative record (MAR) compared to client #1's physician order. Physician order is Namenda 10mg PO twice a day and MAR stated Namenda 5mg PO twice a day.

54.(c)(8): No documentation present in client records of inventory of client #1's personal belongings.


Compliance Manager

Primary Care Giver


Date

Date