Foster Family Home - Deficiency Report

Provider ID: 1-587777

Home Name: Elsie Estalilla, CNA Review ID: 1-587777-20

45-582 Paleka Road Reviewer: Po Lim
Kaneohe HI 96744 Begin Date: 8/5/2025

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 3 bed annual inspection.

Client#2 had an expired Form 1147 on 8/3/2025.

Deficiency Report issued during CCFFH inspection via email on 8/5/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family F	Iome Background Checks	[11-800-8]
8.(a)(1)	Be subject to criminal history record checks in accordance v	vith section 846-2.7, HRS;
8.(a)(2)	Be subject to adult protective service perpetrator checks if the	ne individual has direct contact with a client; and
Comment:		

8.(a)(1) Sex Offender check are not present for CG#1, #2, #3, #4, #5 and HHM#2.

8(a)(2)

APS/CAN checks were overdue for CG#2, due on or before 7/13/2025, not present in the file.

APS/CAN checks were lapsed for CG#3 and CG#4.

CG#3 APS/CAN was due on or before 1/6/2025 and was completed on 6/16/2025.

CG#4 APS/CAN was due on or before 3/13/2025 and was completed on 6/16/2025.

Foster Family	y Home	Personnel and Staffing	[11-800-41]
41.(a)(2)	Be a NA	A, an LPN, or RN;	
41.(a)(3)	Have at	least one year of experience in a home so	etting as a NA, a LPN, or a RN; and
Comment:			

41(a)(2) CNA Prometric registry check are not present for CG#1, #2, and #5.

41(a)(3) No job experience form present for CG#5.

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Foster Family I	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#5.

3 Person Fire Safety, Natural Disaster		3 Person Fire Safety	(3P) Fire	
(3P)(b)(1) Fire	shall be c	conducted monthly		
(3P)(b)(2) Fire	shall be h	neld at different times of the day, ever	ning, and night	
(3P)(b)(4) Fire	shall inclu	ude testing of smoke detectors		
(3P)(b)(6) Fire	shall inclu	ude all SCGs at least once per year		
Comment:				

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per

CCFFH did not have fire drill for August, September, and October 2024.

Foster Family	Home	Records	[11	I-800-54]	
54.(c)(2)	Client's c	urrent individual service plan, and	when appropriate, a tra	ınsportation plan approved by	/ the department;
Comment:					

54(c)(2) No current service plan present for Client#2. Last one in record is dated 7/7/2024.

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