

# Foster Family Home - Deficiency Report

**Provider ID:** 1-563991

**Home Name:** Catalina Guzman, CNA

**Review ID:** 1-563991-19

94-556 Hiaku Place

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 8/26/2025

| 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 8/26/2025).

6.(d)(1): No documentation present in client records of current 1147 assessment for client #1 and client #3. 1147 assessment present in client records expired 6/15/2025 for client #1 and 11/29/2023 for client #3. Repeat citation for client #3.

| 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 searches completed for CG#1, CG#2, CG#3, and CG#4.

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

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

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA Prometric registry check for CG#1 and CG#4.

41.(b)(7): No evidence of current TB clearance for CG#4. TB clearance was due by 3/08/2025.

| Foster Family Home | Quality Assurance | [11-800-50] |
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50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

Comment:

50.(b)(1): Pressure injury noted to client #1 during CTA inspection. No evidence present that CG#1 verbally reported adverse event report to client's case management agency within 24 hours of occurrence.

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Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;


Comment:


54.(c)(2): No evidence present current service plan for client #1 and client #2. Service plan present in client records was dated 1/15/2025 and next review was due by 7/15/2025 for client #1 and last dated service plan was 12/13/2024 and due by 6/30/2025 for client #2.


No signature by client for client #3's current service plan present in client's records.

54.(c)(5)(6): No daily documentation noted for medication administration and skilled nursing/ADLs checklist in clients' records for client #1, client #2, and client #3. Last dated documentation of skilled nursing checklist was 8/19/2025 for client #1 and client #3 and 8/20/2025 for client #2. Last documentation noted for medication administration for all medications for client #3 was dated 8/6/2025.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

8/26/2025 2:28:49 PM