

# Foster Family Home - Deficiency Report

Provider ID: 2-591075

Home Name: Liberty Tolentino, CNA

Review ID: 2-591075-17

16-530 Ohe Street

Reviewer: Maribel Nakamine

Keaau

HI

96749

Begin Date: 8/28/2025

## 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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection.

## 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)- No sex offender search result present for HHM#3.

8.(a)(1), (2)- No APS/CAN/Fingerprint result for HHM#3.

## Foster Family Home Information Confidentiality [11-800-16]

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 confidentiality policies and procedures and client privacy rights training present for HHM#3.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

## Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- CCFFH's back emergency door with a door latch on the upper portion of the door. Clients would not be able to open the door in the event of an emergency evacuation.

  
Compliance Manager

Date

8/28/25

  
Primary Care Giver

Date

8/28/25