

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 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.

Maribel Nakamine, RN
Compliance Manager
Lorraine
Primary Care Giver

8/28/25
Date
8/28/25
Date