

# Foster Family Home - Deficiency Report

Provider ID: 2-140050

Home Name: Linus June D. Pascual, CNA Review ID: 2-140050-15

61 Hookano Street Reviewer: Po Lim

Hilo HI 96720 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/28/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home

## Background Checks

[11-800-8]

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was lapsed for CG#1. State Name Check (eCrim) was due on or before 12/2/2024 and was completed on 8/5/2025.

State Name Check (eCrim) was overdue for HHM#1. State Name Check (eCrim) was due on or before 12/2/2024 and was not present in the CCFFH file.

## 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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2, CG#3, HHM#1, and HHM#2.

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**Foster Family Home**

**Personnel and Staffing**

**[11-800-41]**

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#3. It was due on/before 2/2/2025.

41.(f)(1) No current TB clearance for HHM#2. TB clearance was due on or before 3/18/2025 and was not present in file. The standard TB clearance form was not utilized for HHM#2.

41.g. No basic skills check present in record for CG#3 for Client #1, #2, and #3.

**Foster Family Home**

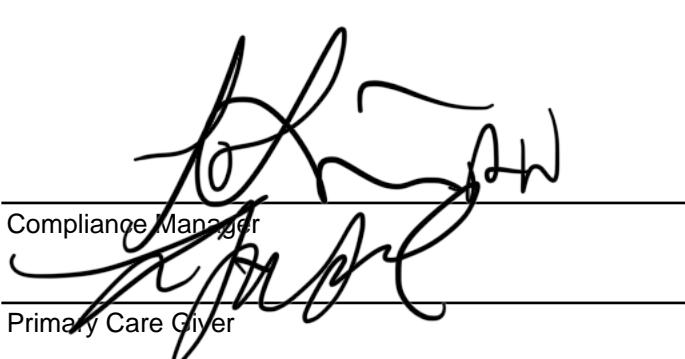
**Client Care and Services**

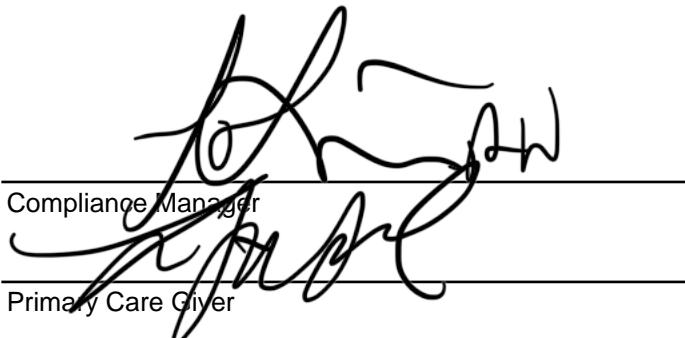
**[11-800-43]**

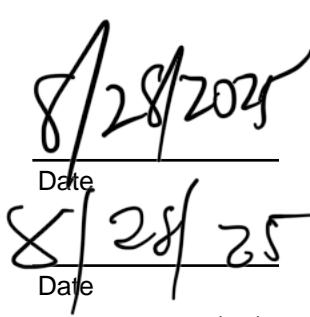
43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

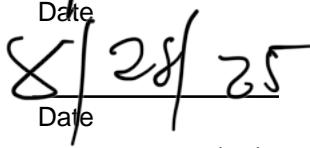
Comment:

43.(c)(3) No RN delegation present for Client #1, #2, and #3 for CG#3.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date