

Foster Family Home - Deficiency Report

Provider ID: 1-582248

Home Name: Ma Lournalee Asuncion, CNA

Review ID: 1-582248-18

98-544 Kaamilo Street

Reviewer: Ryan Nakamura

Aiea

HI 96701

Begin Date: 9/2/2025

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 9/2/2025).

6.(d)(1): No documentation present in client records of current 1147 assessment present for client #2. 1147 assessment present was expired on 2/19/2025.

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Background Checks

[11-800-8]

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, CG#4, and HHM#3.

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Personnel and Staffing

[11-800-41]

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 completed for CG#1 and CG#4.

41.(b)(7): Evidence present in CCFFH records of lapse of TB clearance for CG#1 and CG#2. TB clearance was due by 4/18/2025 and completed 6/16/2025 for CG#1 and TB clearance was due by 4/18/2025 and completed 7/07/2025 for CG#2.

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Records

[11-800-54]

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

Comment:

54.(c)(2): CTA unable to review complete current service plan for client #2. Only signature page of service plan dated 7/19/2025 was present in client's records. CTA unable to determine if services provided at CCFFH match services addressed in client's current service plan.


Compliance Manager
Primary Care Giver

7/2/25
Date
9/2/25
Date

9/2/2025 11:53:28 AM