

# Foster Family Home - Deficiency Report

**Provider ID:** 1-240081

**Home Name:** Matthew Borja, NA

**Review ID:** 1-240081-3

5255 Likini Street

Reviewer: Maribel Nakamine

Honolulu

HI

96818

Begin Date: 8/14/2025

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 8/14/25).

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 CG#2, HHM#1, and HHM#2.

8.(a)(1), (2)- CG#1's APS/CAN/Fingerprint or Ecrim lapsed on 6/6/25 and no current result were present. HHM#1 and HHM#2 were without any results of APS/CAN/Fingerprint.

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 CG#2, HHM#1, and HHM#2.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
41.(a)(4)	Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.	
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and	
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	
41.(e)	The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.	
41.(h)	The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.	
41.(j)(2)	Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and	

Comment:

41.(a)(4), (e), (h), (j)(2)- CCFFH with unapproved caregiver( ) at the start of survey/inspection. Client #2 was present in the CCFFH. Per , CG#1 accompanied Client #1 to an MD's appointment. CG#1 was not present in the CCFFH from 2:30pm and arrived home at 2:54pm.  
 41.(b)(7)- CG#1's TB clearance lapsed on 7/10/25 and CG#2's lapsed on 4/10/25. Both were without the current results of TB clearances. HHM#1 and HHM#2 without the current TB clearances nor exemption form.  
 41.(b)(8)- CG#1's CPR/first Aid certification lapsed on 7/3/25 and CG#2's CPR lapsed on 7/31/25. Both were without current certifications.  
 41.(b)(8)- CG#2's blood borne pathogen and infection control certification lapsed on 3/12/25 and no current certificate was present.

Foster Family Home	Fire Safety	[11-800-46]
46.(a)	The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.	
46.(b)(2)	All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.	

Comment:

46.(a), (b)(2)- No monthly fire drill completed for the month of July 2025 and no nighttime fire drill was conducted. CG#2 without evidence of having conducted a monthly fire drill for the CCFFH.

Foster Family Home	Medication and Nutrition	[11-800-47]
47.(c)	Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.	

Comment:

47.(c)- No list of medications' side effects was present for Client #1.

# Foster Family Home - Deficiency Report

## 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)- Client #2's window was noted to have pieces of broken glasses/jalousies. Client's bathroom shower faucet was continuously dripping.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

50.(e)- CCFFH with a locked gate at the sidewalk; no buzzer/bell/intercom system present for agency to have quick access to the CCFFH.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH without a General Liability policy present.

## Foster Family Home

## Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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

Comment:

54.(b)- Client #1's progress/observation notes/documentation were without signatures of caregivers after each dated entry from 5/2/25- 6/1/25.

54.(c)(5)- Medication discrepancies were noted for Client #1 and Client #2.

Client #1- there were 2 missing medications- Vit D and Multivitamins during CCFFH inspection.

Client #2- No Medication Administration Record(MAR) was initiated/maintained for the month of August 2025. Ibuprofen was not available during CCFFH inspection.

Maikel Nakamine, RW

Compliance Manager

Primary Care Giver

Date

Date

8/14/25  
8/14/25