

Foster Family Home - Deficiency Report

Provider ID: 1-210077

Home Name: Mila D. Pasamonte, CNA

Review ID: 1-210077-10

1653 Ulueo Street

Reviewer: Po Lim

Kailua

HI

96734

Begin Date: 8/26/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 8/26/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41.b.4 No disclosure form present for CG#2

41.(b)(8) CCFFH lapsed on the current CPR training for CG#2. It was due on/before 8/2/2025 and was completed on 8/26/2025.

Foster Family Home	Records	[11-800-54]
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54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(6) Client #2 did not have evidence of RN monthly visit notes for March through July of 2025.

Compliance Manager

Primary Care Giver

Date

Date