

Foster Family Home - Deficiency Report

Provider ID: 1-190085

Home Name: Noralyn Esta, NA

Review ID: 1-190085-13

94-363 Honowai Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 8/5/2025

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 8/5/25).

6.d.1- Client #2's 1147 expired on 7/18/25 and no current document was present in client's chart/records.

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#3.

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 7/7/25; CG#2's Ecrim lapsed on 7/31/25; HHM#1's APS/CAN lapsed on 2/8/25. No current results were present for all three.

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#1.

Foster Family Home

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 prometric registry check result for CG#3.

41.(b)(7)- CG#3's TB clearance lapsed on 8/16/24 and CG#5's lapsed on 7/15/24. No current results were present for both.

Foster Family Home - Deficiency Report

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 delegations on Oral & Topical medications administration for CG#5 and CG#6 for Client #2.

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 drills completed for the following months- July 2024 thru December 2024; February 2025 thru July 2025.

CG#2, CG#3, CG#5, and CG#6 were without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- No evidence of Client #2's special feeding need of pureed diet training for CG#1, CG#2, CG#3, CG#5, and CG#6.

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 with cluttered with household items/canned goods, etc. in the living room, kitchen, garage, and upstairs section of the home. Observed multiple stacks of boxes of items such as canned goods, boosts supplements, clothings, etc. in the CCFFH garage.

Foster Family Home

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)- Service Plans for Client #1 dated 1/14/25 and 7/14/25 were only received today 8/5/25 per CG#1 from client's CMA after previous service plan expired on 1/2025. Client #2's Service Plan lapsed January 2025 and was received today per CG#1 from client's CMA.


Maribel Nakamine
Compliance Manager
Primary Care Giver

8/5/25
Date
8/5/25
Date