

# Foster Family Home - Deficiency Report

Provider ID: 1-250027

Home Name: Aaron Basilio, NA

Review ID: 1-250027-3

1549 Hooli Circle

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 1/26/2026

## 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 10 business days (issued on 1/26/26).

6.d.1- Client #1's 1147 dated 7/29/25 without the MD/PCP's signature.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c)- CG#1 and CG#2 without evidence of having 12 hours/8 hours of the annual in-services training for the year 2025.

## Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface present in both of clients' bathroom showers.

## 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)- No progress notes present since Client #1's admission to CCFFH (7/29/25).

54.(c)(5)- There were 3 scheduled medications (Aripiprazole, Pregabalin, and Atorvastatin) that were not transcribed/written in Client #2's Medication Administration Record for the month of January 2026.



Compliance Manager

Date



Primary Care Giver

Date