

Foster Family Home - Deficiency Report

Provider ID: 1-240092

Home Name: Abigail Andres, CNA

Review ID: 1-240092-3

1036 Pulaa Lane

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 9/22/2025

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 CCFFH recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/22/25).

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#1's APS/CAN lapsed on 7/1/25 and was not renewed until 8/21/25. CG#2's APS/CAN lapsed on 7/1/25 and was not renewed until 9/3/25.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#3's TB clearance dated 7/19/25 was not documented on department approved form and no signature of MD, APRN, NP, or D.O.

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 present for oral medication administration for CG#3 on Client #1. No RN delegations present for inhalation medication administration for CG#1, CG#2, and CG#3 in Client #2.


Compliance Manager _____ Date 9/22/25

Primary Care Giver _____ Date 9/22/25