

# Foster Family Home - Deficiency Report

**Provider ID:** 1-559031

**Home Name:** Antonia Arellano, NA

**Review ID:** 1-559031-9

1339 Naulu Place

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 1/16/2026

## 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 re-certification inspection.

Client #1 Form 1147 was not present in the file.

Deficiency Report issued during CCFFH inspection via email on 1/16/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

## 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;

Comment:

8.(a)(1) Sex Offender check are not present for CG#2 and CG#3.

## 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) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. CG#2 TB clearance expired, was due on/before 10/10/2025 and was present in the file.

## 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.

Comment:

46.(a) - Last fire drill present in record was documented on 8/20/2025. No fire drill documentation present for September 2025 through December 2025.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

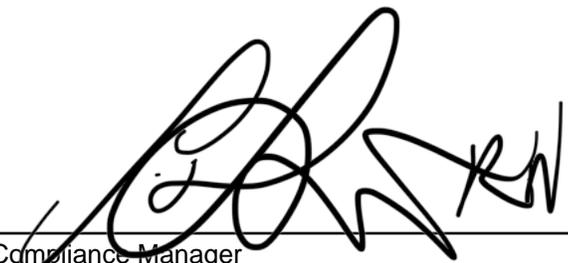
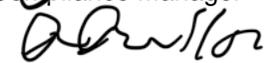
[11-800-54]

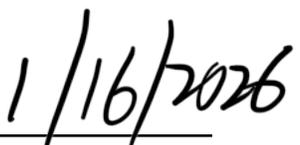
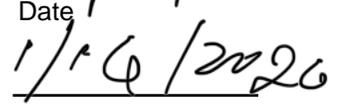
54.(c)(6)

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#1 ADL flowsheet was not documented daily. Sheet was not completed from 1/9/26 to 1/15/2026.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date