

Foster Family Home - Deficiency Report

Provider ID: 1-090084

Home Name: Antonia Josue, CNA

Review ID: 1-090084-18

94-835 Kaaholo Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 3/5/2026

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 3/5/2026).

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:


53.(b)(9): CG#1's personal belongings found in client #1's bedroom.

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:

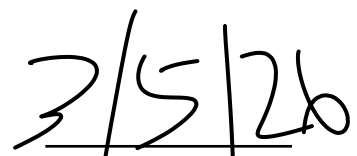
54.(c)(2): No evidence present in client #1's records of service plan dated 10/10/2025 not signed by client/POA.



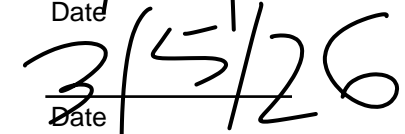
Compliance Manager



Primary Care Giver



Date



Date