

# Foster Family Home - Deficiency Report

Provider ID: 1-250026

Home Name: Darlene Kaye Bonifacio, CNA

Review ID: 1-250026-3

94-1186 Lumikula Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due within 10 business days (inspection date: 1/16/2026).

## 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 evidence present in CCFFH records of confidentiality training present for CG#2, CG#3, and HHM#4.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(4): No substitute caregiver disclosure form completed for CG#2.

CG#1's primary caregiver disclosure form not updated with current household member composition.

41.(b)(8): No evidence present in CCFFH records of current bloodborne pathogen training for CG#1 and CG#3. Training was due by 1/7/2026.

41.f (1)(2) The CCFFH had a connecting doorway that can be opened. Therefore, the CCFFH is considered one unit, not separate units. Individuals living on the other side of door were not listed as household members. No TB clearance or background checks present.

41.(f)(1): No TB clearance present in CCFFH records for HHM minor.

41.(g): No evidence of basic caregiver skills checked for CG#2.

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**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 CG#2 for client #1. No plan present in record of what occurs if client requires medication while PCG is absent from the CCFFH.

**Foster Family Home**      **Medication and Nutrition**      **[11-800-47]**

47.(d)(1)      By order of a physician;

Comment:

47.(d)(1): No evidence present in client #1's records of physician order for use of full bed siderails.

**Foster Family Home**      **Quality Assurance**      **[11-800-50]**

50.(a)      The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

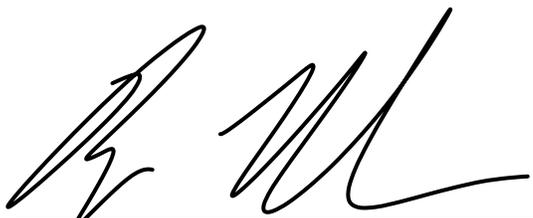
50.(a): No CCFFH's emergency preparedness plan/policy present in CCFFH records.

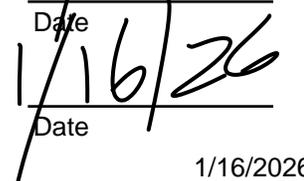
**Foster Family Home**      **Insurance Requirements**      **[11-800-51]**

51.(a)(2)      Automobile; and

Comment:

51.(a)(2): CG#1 and CG#2's automobile insurance only covered \$50,000 per person for bodily injury.

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

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