

Foster Family Home - Deficiency Report

Provider ID: 1-220030

Home Name: Edwin Pengson, NA

Review ID: 1-220030-11

94-1007 Hiapo Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 2/25/2026

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 to CTA within 10 business days of inspection (inspection date: 2/25/2026).

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;

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

Comment:

8.(a)(1)(2): Evidence of lapse of 2nd consecutive year APS/CAN/criminal background check for CG#2. Background check was due by 12/5/2025 and completed 1/27/2026.

8.(a)(2): APS/CAN clearance was due by 2/24/2025 and completed 1/26/2026 for CG#1.

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): TB clearance was due by 1/5/2026 for CG#1 and CG#2.

41.(f)(1): No TB clearance present in CCFFH records for 2 HHM minors.

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): Client #1's closet unable to open and close safely.

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

51.(a)(2) Automobile; and

Comment:

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

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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;
- 54.(c)(5) Medication schedule checklist;
- 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)(2): Service plan dated 1/28/2026 present in client #1's records only consisted of signature page. CTA unable to verify services addressed in current service plan were met.

54.(c)(5): Multiple discrepancies noted in client #1's medication administration record (MAR). Allopurinol stated once a day in MAR but client stated that he takes it twice a day. Lantus in MAR stated 40 units daily but client stated that he is administered 50 units daily. Losartan was not listed in client's MAR but client stated he had been taking the medication. CG#1 stated he was unaware of the discrepancies.

No supply of Lyrica and Omeprazole present at CCFFH for client #1.

Ozempic listed to be administered once a week had been documented administered daily for client #1.

Current supply of oral medications that have been administered for client #1 were expired at time of CTA's inspection.

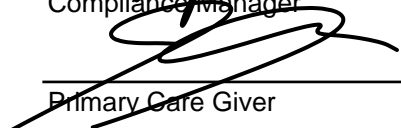
54.(c)(6): No documentation of three times a day blood sugar monitoring and daily vital signs as addressed in the client #1's service plan dated 7/24/2025.

No evidence present in client #1's records of case management agency RN/SW monthly visit for 12/2025.

No documentation of ADLs/skilled nursing checklist from 1/01/2026 to 2/25/2026 for client #1.



Compliance Manager



Primary Care Giver

2/25/26
Date
2/25/26
Date