

Foster Family Home - Deficiency Report

Provider ID: 1-613423

Home Name: Elizabeth Pastor, CNA

Review ID: 1-613423-18

94-419 Kiolena Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/12/2026

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 3-bed recertification inspection.

Deficiency Report emailed with plan of correction due to CTA within 10 business days (issued on 2/13/26).

6.d.1- Client #1's 1147 expired on 5/2/25 and no current document was present in client's chart/records.

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)- No sex offender search result present for HHM#3.

8.(a)(1), (2)- HHM#3 without any result of APS/CAN/Fingerprint.

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 confidentiality policies and procedures and client privacy rights training present for HHM#3.

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).

Comment:

41.(b)(4)- CG#1's Primary Caregiver Disclosure form was not updated to reflect current composition of household.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P)(b)(2)Fire- No nighttime monthly fire drill conducted for the past 12 months.

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Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(d) Use of physical or chemical restraints shall be:

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

Comment:

47.(c)- No list of medications' side effects present for Client #1.

47.(d), (d)(1)- Client #1 with use of full bedrails. No MD order present in client's chart/records.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) - Emergency exit pathway located near the clients' bedrooms and dining area was obstructed with multiple wheelchairs, boxes, rubbish bins, etc.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(e) When a client leaves a home, all records and reports kept by the home shall be given to the case management agency.

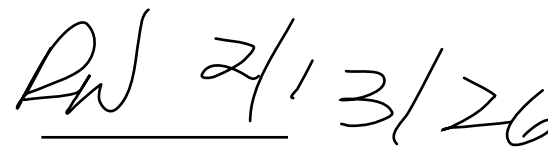
Comment:

54.(c)(2)- Client #1's Service Plan/HAP dated 1/3/25 and 7/7/25 without the POA's signatures.

54.(e)- A discharged/previous client's chart was in the CCFFH.



Compliance Manager



Date

Primary Care Giver

Date