

# Foster Family Home - Deficiency Report

Provider ID: 1-510257

Home Name: Elma Tierra, CNA

Review ID: 1-510257-18

94-877 Mokuahi Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/20/2026

## 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 re-certification inspection.

Client#1 Form 1147 expired on 8/29/2024, no new on file.

Client#2 Form 1147 expired on 11/4/2025, no new on file.

Deficiency Report issued during CCFFH inspection via email on 1/20/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

## 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 proof that training on confidentiality policies and procedures and client privacy rights was provided to 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 and HHM#2. CG#2 TB clearance was not recorded on the standardized form.

HHM#2 doe not have a TB clearance present in the file.

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

50.(b) Adverse events shall be reported

Comment:

50.(b) - The CCFFH did not have evidence that an adverse event was reported for Client# 2 regarding Hospitalization.

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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;

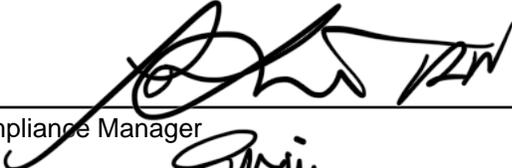
Comment:

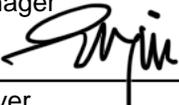
54(c)(2) No current service plan present for Client#2. Last one in record is dated 2/6/2025.

54(c)(5) No MAR present for January 2026 for Client#1.

Client#1 MAR was not documented daily. Sheet not completed from 12/15/2025 to 12/31/2026.

54(c)(6) Client#1 ADL flowsheet was not documented daily. Sheet not completed from 1/6/26 to 1/19/2026.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

1/20/26  
Date

1/20/26  
Date