

# Foster Family Home - Deficiency Report

Provider ID: 1-561177

Home Name: Emilio Andres, CNA

Review ID: 1-561177-21

1935 Ulana Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 2/24/2026

## 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 inspection made for a 3 bed CCFFH re-certification.

42.a. Client #2 Form 1147 is expired on 3/30/2025.

Deficiency Report issued during CCFFH inspection via email on 2/24/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

## Foster Family Home Background Checks [11-800-8]

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

Comment:

8(a)(2) APS/CAN checks were overdue for CG#1. APS/CAN was due on or before 1/23/2026 and was not present in the CCFFH file.

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

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1, #2, #3, and #4.

## 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 current signature of POA/client for service plan present for Client#2.

Compliance Manager

Primary Care Giver

Date

Date