

Foster Family Home - Deficiency Report

Provider ID: 1-250030

Home Name: Erlinda Nanao, NA

Review ID: 1-250030-3

99-501 Kaholi Place, Unit 2

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 1/6/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

Deficiency Report emailed to CG#1 on 1/12/26 with plan of correction due to CTA within 30 days of issuance (issued on 1/12/26).

§11-800-10 Issuance of licensure or certificate of approval. (a) the department shall issue a license to a home and community-based case management agency that is valid for:

(d) The certificate of approval shall: Specify the name and address of the home and be accompanied by a statement outlining the type of activities the home is certified to provide;

(1) Be non-transferable; and

Comment:

10.d.1- CCFFH's current license certificate was effective on 6/1/25. CG#1 and Client #2's CMA admitted client prior to CCFFH's effective date of licensure. Client #2 was admitted to CCFFH on 5/29/25.

Foster Family Home	Background Checks	[11-800-8]
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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 results present for CG#2 and HHM#1.

8.(a)(1), (2)- CG#2's APS/CAN/Fingerprint or Ecrim expired on 9/17/25 and no current results were present. HHM#1 without any result of APS/CAN/Fingerprint.

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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)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 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)- CG#2 without a completed Substitute Caregiver Disclosure form.
- 41.(b)(7)- CG#1's TB clearance expired on 8/7/24 and HHM#1's expired on 8/8/24. Both were without the current TB clearance results.
- 41.(b)(8)- CG#1's Blood borne pathogen and infection control training expired on 7/30/25 and CG#2's expired on 4/24/25. Both were without the current certifications.
- 41.(g)- No basic skills checklist present for CG#2 for Client #1 and Client #2.

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.
- 43.(c)(6)(B) Include access by the client to radio, television, telephone, internet.

Comment:

- 43.(c)(3)- No RN delegations present on Oral, Topical and rectal medications administration for CG#2 in Client #1's chart/records.
- 43.(c)(3)- No RN delegation present on oxygen administration for CG#2 in Client #1's chart/records.
- 43.(c)(3)- No RN delegations on oral medications administration for CG#2 in Client #2's chart/records.
- 43.(c)(6)(B)- Client #1 and Client #2 were without a telephone access in the CCFFH.

Foster Family Home Fire Safety [11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.
- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

- 46.(a), (b)(2)- CCFFH without any documentation of conducting a monthly fire drills. CG#1 and CG#2 were without evidence of conducting a monthly fire drill for the CCFFH.

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

- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

- 49.(a)(4)- No wheelchair/walker access for clients to bathe in the bathroom bathtub.
- 49.(c)(3)- Client #1's bedroom sliding door was broken; would be difficult to open/close in the event of an emergency access/evacuation.

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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)- CCFFH without an Emergency Preparedness Plan.

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

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH's General Liability insurance policy expired on 11/30/25 and no current policy certificate was present.

Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)- CCFFH without evidence of a current fiscal record such as bank statements, tax returns, or monthly budget documentation.

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;

Comment:

54.(c)(2)- Client #1's service plan/HAP dated 6/29/25 without the client/POA's signature. Client #2's service plan/HAP dated 5/28/25 without the client/POA's signature.

54.(c)(5)- there were 2 medications that were not available during medication reconciliation (Bisacodyl and Acetaminophen) for Client #1. The Medication Administration Record for the month of June 2025 was missing (client was admitted to CCFFH on 6/29/25).

Mariabel Nakamura RN

Compliance Manager

[Signature]

Primary Care Giver

1/12/26

Date

1-12-26

Date