

Foster Family Home - Deficiency Report

Provider ID: 2-560054

Home Name: Ernesto Tadeo, CNA

Review ID: 2-560054-23

16-211 Orchidland Drive

Reviewer: Laurie Vosler

Kea'au HI 96749

Begin Date: 1/28/2026

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 02/08/2026.

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;

Comment:

8.(a)(1) Sex Offender Registry Check was not present in the CCFFH file for CG# 2 and CG# 3.

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

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

41.(b)(5)(A) When the caregiver does not have a valid driver's license, does not have access to an insured vehicle, or both, a written alternative transportation plan shall be submitted to the department for approval;

Comment:

41.a.2. No prometric checks completed for CG# 1, CG# 2 and CG# 3.

41.b.5 A CG# 3 does not drive clients. No alternate transportation plan present in record.

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

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.a.1 No nonslip surface present in client shower.

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

51.(a)(2) Automobile; and

Comment:

51.A.2 Missing months for car insurance 04/11/25-10/10/2025, 10/11/24-04/10/25. Records in file were dated 10/11/25-04/11/26 and 03/08/24-09/09/24.

CG#2 Driver's License expired 07/24/2021, CG# 3 Driver's License expired 10/31/2012

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Records

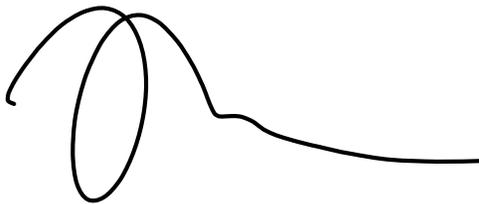
[11-800-54]

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),54(c)(6) ADL flowsheet was not documented daily. Sheet not completed from 1/18/26 to 1/28/26 for Client # 2.



LPN

Compliance Manager



Primary Care Giver

01/28/26

Date

01/28/26

Date