

Foster Family Home - Deficiency Report

Provider ID: 1-210042

Home Name: Eunice Visitacion, CNA

Review ID: 1-210042-12

94-447 Kahualena Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 1/22/2026

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 1/22/2026).

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;

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): Criminal background check was due by 1/19/2026 for HHM#3.

No evidence present in CCFFH records of sex offender search conducted for CG#4.

8.(a)(2): APS/CAN clearance was due by 1/19/2026 for HHM#3.

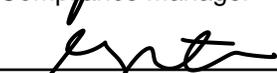
Foster Family Home Client Care and Services [11-800-43]

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.

Comment:

43.(c)(3): No evidence present in client records of rectal suppository medication administration RN delegations given for client #1 for all caregivers.



Compliance Manager

Primary Care Giver

1/22/26

Date

1/22/26

Date