

# Foster Family Home - Deficiency Report

Provider ID: 4-180014

Home Name: Evelyn Queja, CNA

Review ID: 4-180014-16

61 Kaiemi Street

Reviewer: Po Lim

Kahului HI 96732

Begin Date: 2/2/2026

## 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 2 bed re-certification inspection.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CCFFH was not current for First Aid training for CG#4. First Aid training was not present in their file.

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

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.b.2.

The CCFFH did not have evidence that fire drills had been conducted to included each CG at least once per 12 months. CG#2 did not conducted a fire drill in the past 12 months.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date