

# Foster Family Home - Deficiency Report

Provider ID: 1-190033

Home Name: Glenn T. Goya, NA

Review ID: 1-190033-14

91-1019 Pailani Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 2/24/2026).

## 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.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

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): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#3.

41.(c): 5 hours of in-service training hours completed in 2025 and 5 hours completed in 2024 for CG#3.

41.(g): No evidence present of basic caregiver skills were checked by client #1 or #2's case management agency for CG#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 RN delegations given for client #1 and #2 for CG#3.

No RN delegations given for rectal suppository medication administration for client #2 for all caregivers.

## 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): No evidence present in CCFFH records of CG#3 conducted a fire drill in the past 12 months.

# Foster Family Home - Deficiency Report

## 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): Internal emergency management policy has a signature sheet that is not signed by CG#3.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): Evidence present in CCFFH records of CG#1's automobile insurance has coverage of only \$50,000 bodily injury per person.

## 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;

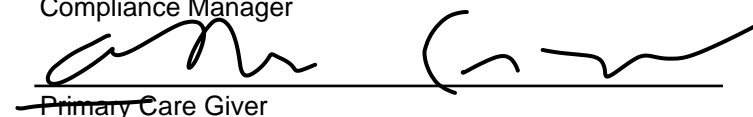
Comment:

54.(c)(2): Service plan dated 10/11/2025 only consisted of signature page present in client #2's records. CTA unable to verify services addressed in service plan have been provided.

54.(c)(5): Vitamin D3 25 mcg 1 tablet PO daily not listed in client #2's medication administration record (MAR). No documentation of medication administered.



Compliance Manager



Primary Care Giver

2/24/26  
Date  
2/24/26  
Date