

# Foster Family Home - Deficiency Report

Provider ID: 1-190095

Home Name: Guillerma Haber, CNA

Review ID: 1-190095-13

84-549 Nukea Street

Reviewer: Ryan Nakamura

Waianae

HI 96792

Begin Date: 9/18/2025

## 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 30 days of inspection (inspection date: 9/18/2025).

## 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): No evidence present in CCFFH records of current crim background check for HHM#1 and HHM#2. Background check was due by 5/20/2024 for HHM#1 and 6/14/2024 for HHM#2.

No evidence present in CCFFH records of 1st set of fingerprint background check for HHM#3. Only APS/CAN clearance was present.

No evidence present in CCFFH records of sex offender registry searches were conducted for HHM#1, HHM#2, and HHM#3.

8.(A)(2): Evidence of lapse of APS/CAN clearance for HHM#1 and HHM#2. Clearance was due by 5/20/2024 and completed 7/09/2025 for HHM#1 and was due by 6/14/2024 and completed 7/15/2025 for HHM#2.

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

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

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

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA Prometric registry check for CG#1, CG#2, CG#3, and CG#5.

41.(b)(8): No evidence present in CCFFH records of bloodborne pathogen completed prior to 1/7/2025 for CG#1, CG#4, and CG#5 and 8/29/2025 for CG#2. CTA unable to determine if lapse occurred.

## 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 were given by client #2's case management agency for CG#3 and CG#5.

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**3 Person Fire Safety,  
Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P)(b)(2) Fire: No fire drills were conducted during night in the past 12 months.

**Foster Family Home**

**Quality Assurance**

**[11-800-50]**

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e)(1): CCFFH binder in disarray. Only current documentation of background check, TB clearance and training records were located in binder. CCFFH had difficulty locating prior documentation. CCFFH must have records of all documents since last recertification inspection.

**Foster Family Home**

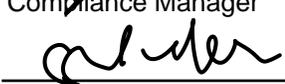
**Records**

**[11-800-54]**

54.(a)(1) Emergency procedures and an evacuation map;

Comment:

54.(a)(1): No evidence present of evacuation map of CCFFH of ground floor where the clients are located. Evacuation map posted in CCFFH has floor plan of 2nd floor of building only.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

9/18/25  
\_\_\_\_\_  
Date  
9/18/25  
\_\_\_\_\_  
Date