

Foster Family Home - Deficiency Report

Provider ID: 1-100106

Home Name: Helen Claveria, NA

Review ID: 1-100106-20

94-1261 Huakai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/30/2026

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 1/30/2026 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.(a)(2) Be a NA, an LPN, or RN;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#5. CG#5 TB clearance was not recorded on the state standardized form.

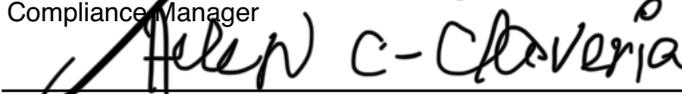
Foster Family Home Quality Assurance [11-800-50]

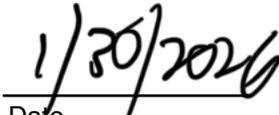
50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.e. Three HHM rooms were locked and could not be inspected. CG#1 did not have access to the locked rooms.


Compliance Manager


Primary Care Giver


Date


Date