

# Foster Family Home - Deficiency Report

Provider ID: 1-100124

Home Name: Josefina Saoit, CNA

Review ID: 1-100124-19

94-192 Kaima Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/10/2026

## 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 3-bed recertification inspection.

Deficiency Report emailed with plan of correction due to CTA within 10 business days of issuance (issued on 2/12/26).

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- HHM#1's APS/CAN expired on 1/19/26 and no current document was present.

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f), (f)(1)- HHM#1's TB clearance lapsed on 6/8/25 and was renewed on 8/18/25.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

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

Comment:

(3P) (b)(1), (b)(2) Fire- No monthly fire drill conducted for the month of January 2026. No nighttime fire drill conducted for the past 12 months.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present for Client #1.

# 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)- CCFFH without an Emergency Preparedness Plan.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(9)- Client #2 with a video monitoring device inside bedroom and in the CCFFH's living room. No written consents were present from Client #1, Client #2/POA, and Client #3/POA.

53.(b)(13)- Client #3's bedroom closet with CG#1's belongings/clothing being stored.

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)- Client #1's Service Plan/HAP dated 8/22/25 without the client's signature.

54.(c)(5)- Client #1's December 2025 Medication Administration Record (MAR) was incomplete- there were no signatures for all scheduled medications from 12/29/25- 12/31/25. Client with Acetaminophen medication without an MD's order. Hydralazine was not written/transcribed in client's MAR.

 2/12/26

Compliance Manager

Date

Primary Care Giver

Date