

Foster Family Home - Deficiency Report

Provider ID: 2-618936

Home Name: Josephine Javar, LPN

94-6264 Puka Street

Naalehu

HI 96772

Review ID: 2-618936-18

Reviewer: Ryan Nakamura

Begin Date: 2/13/2026

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 2/13/2026).

6.(d)(1): 1147 assessment present in client #1's records expired on 8/19/2024.

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): Criminal background check was due by 1/05/2026 for HHM#1.

No evidence in CCFFH records of sex offender registry search for HHM#1.

8.(a)(2): APS/CAN clearance was due by 8/1/2025 for CG#1, 6/15/2025 for CG#3, and 1/10/2026 for HHM#1.

Foster Family Home

Personnel and Staffing

[11-800-41]

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

Comment:

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

41.(b)(7): TB clearance was due by 6/09/2025 for CG#2.

41.(f)(1): No evidence present in CCFFH records of current TB clearance for HHM#1.

Foster Family Home

Fire Safety

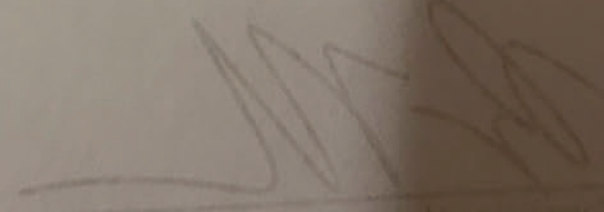
[11-800-46]

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.

2/10/25



Signature of Ryan Nakamura

Foster Family Home - Deficiency Report

Foster Family Home

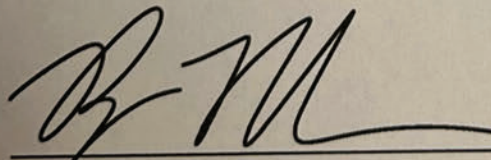
Records

[11-800-54]

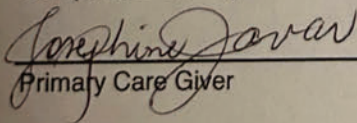
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

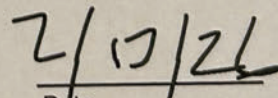
54.(c)(2): Service plan dated 11/25/2025 present in client #1's records only consisted of the signature page. CTA unable to determine any discrepancies of services addressed in the service plan with the services being provided.



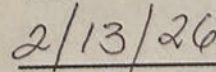
Compliance Manager



Primary Care Giver



Date



Date