

# Foster Family Home - Deficiency Report

Provider ID: 1-220022

Home Name: Kathyrine Joy A. Prado, NA

Review ID: 1-220022-12

94-419 Kahualena Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 2/12/2026

## 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: 2/12/2026).

## 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)(2): 2nd set of APS/CAN and criminal background checks were due by 2/3/2026 for CG#4.

APS/CAN and criminal background checks were due by 2/9/2026 for CG#2.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of confidentiality policy training completed for CG#4.

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

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

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

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.

Comment:

41.(b)(7): Evidence of lapse of TB clearance for CG#1. TB clearance was due by 1/20/2025 and completed 2/26/2025.

41.(b)(8): Bloodborne pathogen training was due by 1/07/2026 for CG#1, CG#2, and CG#3.

41.(c): Only 8 hours of in-service training completed for CG#1, 4 hours completed for CG#2, 6 hours completed for CG#3, and 5 hours completed for CG#4 in 2025.

# Foster Family Home - Deficiency Report

**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 #1's records of any RN delegations given for CG#4.

No evidence present in client #1's records of suprapubic catheter care RN delegations given for all caregivers.

**Foster Family Home**      **Fire Safety**      **[11-800-46]**

46.(a)      The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence present in CCFFH records of a fire drill conducted in the month of 1/2026.

**Foster Family Home**      **Insurance Requirements**      **[11-800-51]**

51.(a)(1)      General;

Comment:

51.(a)(1): General liability insurance present in CCFFH records expired on 11/30/2025.

**Foster Family Home**      **Records**      **[11-800-54]**

54.(c)(5)      Medication schedule checklist;

54.(c)(6)      Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)(6): Documentation present in client records show medications and ADLs were documented at CCFFH but client was admitted at the hospital from 12/10/2025 to 12/18/2025 for client #1.

No documentation present of medication administration and ADLs/skilled nursing checklist from 1/09/2025 to 2/28/2025 for client #1.



Compliance Manager



Primary Care Giver

2/12/26  
Date  
2/12/26  
Date