

Foster Family Home - Deficiency Report

Provider ID: 1-559164

Home Name: Leilanie Sacro, RN

Review ID: 1-559164-17

66-992 Oliana Street

Reviewer: David Ayling

Waialua

HI 96791

Begin Date: 2/17/2026

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 Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 3/3/26.


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)(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)(2)(6) - No face sheet and no RN monthly visits since 8/2025 for Client # 1. No current Service Plan (last one 5/2025) and no monthly RN visits since 5/2025 for Client #2.




Compliance Manager



Primary Care Giver



Date



Date

2/17/2026 11:43:44 AM