

Foster Family Home - Deficiency Report

Provider ID: 1-511643

Home Name: Loreen Troxel, CNA

Review ID: 1-511643-18

98-881 Iilee Street

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 1/6/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 1/6/2026 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) Second Fingerprint check is overdue for CG#2 and CG#3. CG#2 was due on/before 6/21/2024. CG#3 was due on/before 7/16/2025.

Sex Offender check are not present for CG#1 and CG#4.

Foster Family Home	Information Confidentiality	[11-800-16]
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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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#3.

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Personnel and Staffing

[11-800-41]

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

- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

- 41.(b)(5)(B) The transportation plan may include but is not limited to the use of a handivan, taxi, or a substitute driver;

- 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(a)(2) CNA Prometric registry check are not present for CG#2.
 CG#1 CNA license expired on 6/30/2025, current license not present in the file.
 CG#4 NA Certificate is not present in the file.

41(a)(3) No job experience form present for CG#2 and CG#3.

41.b.5.b CG#2, #3, #4 does not drive clients. No alternate transportation plan present in record.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, #2, and #4.
 CG#1 TB clearance expired, was due on/before 8/13/2024.
 CG#2 TB clearance expired, was due on/before 11/22/2025.
 CG#4 TB clearance expired, was due on/before 6/12/2025.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG#1, #3, and #4.
 CG#1 CPR/1st aid expires 1/1/2026.
 CG#4 CPR/1st Aid is not present in the file.
 CG#3 Bloodborne Pathogen/Infection Control is expired on 1/2/2026 and no new in file.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #2, #3, and #4.
 CG#1 requires 12 hours of in-service training, but had only 10 hours attended in 2025.
 CG#2 requires 12 hours of in-service training, but had only 2 hours attended in 2025.
 CG#4 requires 12 hours of in-service training, but had only 2 hours attended in 2025.

No annual in-service training hours for CG#3 for 2025 present in record.

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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 RN delegation present for Client #1 for CG#1, #2, #3, and #4.

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**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly included each CG at least once per year.

CG#3 did not conduct a fire drill in the past 12 months.

Last fire drill conducted by the CCFFH was on 3/4/2025.

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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;

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) No current service plan present for Client#2. Last one in record is dated 1/21/2025.

54(c)(5) Client#2 MAR was not documented daily. Sheet not completed from 12/19/2025 to 12/31/2025.

54(c)(6) No ADL flow sheet present for Client#2 for November 2025 and January 2026.

ADL flowsheet was not documented daily. Sheet not completed from 12/19/25 to 12/31/25.

Client #2 did not have evidence of RN monthly visit notes for 09/2025.

Compliance Manager

Primary Care Giver

Date

Date