

Foster Family Home - Deficiency Report

Provider ID: 1-250029

Home Name: Louis Cua, RN

Review ID: 1-250029-3

94-415 Lakau Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/18/2026

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 2/18/26).

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)- HHM#2 and HHM#3 without any results of APS/CAN/Fingerprint.

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 that HHM#2 and HHM#3 were provided the CCFFH's confidentiality policies and procedures and client privacy rights training.

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

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

Comment:

41.(b)(7)- CG#1's TB clearance result dated 9/16/25 was not documented on DOH approved form.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- CCFFH's last monthly fire drill was on 9/7/25. None from 10/2025-1/2026. CG#2, CG#3, and CG#4 without evidence of having conducted a monthly fire drill.

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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.

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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;

Comment:

53.(b)(9)- CCFFH's living room with a video surveillance system- no written consent was present from Client #1.

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Records

[11-800-54]

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

Comment:

54.(c)(5)- Client #1's January 2026 Medication Administration Record (MAR) was last signed on 1/30/26- am doses only; pm medications without signatures. December 2025's MAR was last signed on 12/31/25- am doses only; pm medications without signatures. There were 3 medications that were not written/transcribed in the February 2026 MAR- Ketoconazole, Refresh tears, and Dorzolamide.



Compliance Manager



Primary Care Giver

2/18/26
Date
2/18/26
Date