

Foster Family Home - Deficiency Report

Provider ID: 1-120082

Home Name: Luz Tarinay, CNA

Review ID: 1-120082-24

94-426 Alapine Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/23/2026

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 2/23/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was lapsed for CG#1. State Name Check (eCrim) was due on or before 7/28/2025 and was completed on 2/4/2026.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(f)(1) No current TB clearance for HHM#3. TB exclusion not present for HHM#3.

41.g. No basic skills check present in record for CG#2, for Client#2 and Client#3.

Compliance Manager

Primary Care Giver

Date

Date