

# Foster Family Home - Deficiency Report

Provider ID: 1-510182

Home Name: Marilou Tomas, CNA

Review ID: 1-510182-22

94-253 Loaa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/7/2026

## 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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/7/26).

## 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 confidentiality policies and procedures and client privacy rights training present for CG#2 and CG#3.

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

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) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

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.

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.(a)(3)- No Job Experience Form completed by CG#3.

41.(b)(5)- No ID present for CG#3.

41.(b)(7)- CG#3's TB clearance expired on 2/10/25 and no current document was present.

41.(c)- CG#3 without any hours of annual in-services for the year 2025.

41.(g)- No basic skills checklist present for CG#3 for Client #1.

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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 RN delegations on gastrostomy tube feedings and care present for CG#3 for Client #2. CG#3 without evidence of having had the RN delegations on oral medications administration for Client #1.

Maibelle Makamine RN 1/7/26  
Compliance Manager Date

[Signature] 1/7/26  
Primary Care Giver Date