

Foster Family Home - Deficiency Report

Provider ID: 1-170026

Home Name: Mario Pascual, CNA

Review ID: 1-170026-15

92-1258 Kaleo Place

Reviewer: Maribel Nakamine

Kapolei HI 96707

Begin Date: 2/11/2026

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 2/11/26).

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#3's APS/CAN expired on 3/9/25 and no current document was present.

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

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.

Comment:

41.(b)(7)- CG#1's TB clearance expired on 1/13/26 and no current document was present.

41.(b)(8)- CG#1, CG#2, and CG#3's bloodborne pathogen and infection control certification trainings expired on 1/2/26 and no current certificates were present for each.

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)- No monthly fire drills completed for the months of July 2025, September 2025, October 2025, November 2025, December 2025, and January 2026.

46.(b)(2)- CG#2 and CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

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Medication and Nutrition


[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

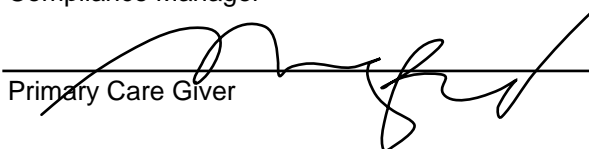
47.(d)(1) By order of a physician;

Comment:


47.(d), (d)(1)- Client #1 with use of full bedrails. No MD order was present in client's chart/records.



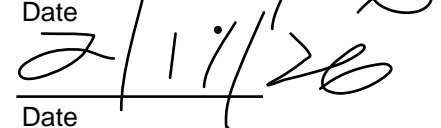
Compliance Manager



Primary Care Giver



Date



Date