

Foster Family Home - Deficiency Report

Provider ID: 1-620569

Home Name: Monaliza Asuncion, CNA

Review ID: 1-620569-19

94-819 Kaaka Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 1/15/2026

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 1/15/2026).

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): Evidence of lapse present in CCFFH records of criminal background check for CG#3. Criminal background check was due by 3/10/2025 and completed 6/12/2025.

8.(a)(2): APS/CAN clearance was due by 2/24/2025 for CG#3.

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.

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

Comment:

41.(b)(7): Evidence of lapse present in CCFFH records of TB clearance for CG#4. TB clearance was due by 8/20/2025 and completed 12/11/2025.

41.(b)(8): No evidence present in CCFFH records of current bloodborne pathogen training completed for CG#2, CG#3, and CG#4. Training was due by 12/28/2025.

41.(f)(1): No MD/APRN/DO signature present on current TB clearance for HHM#2.

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 evidence of rectal suppository medication administration RN delegations given for client #1 for all caregivers.

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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:

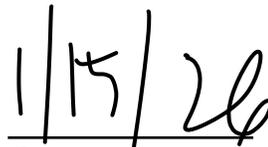
54.(c)(2): Discrepancy in services provided and services addressed in service plan for client #1. Current service plan dated 1/6/2026 stated that client is under hospice services, but client was discharged from hospice services 5/16/2025.

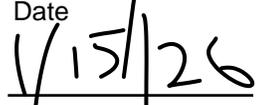
54.(c)(5)(6): No daily documentation present for medication administration and ADL/skilled nursing for client #1 from 1/11/2026 to 1/15/2026. No documentation of medication administration from 10/27/2025-10/31/2025.



Compliance Manager


Primary Care Giver



Date


Date