

Foster Family Home - Deficiency Report

Provider ID: 1-130046

Home Name: Natti Asentista, NA

Review ID: 1-130046-21

94-415 Ikepono Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/13/2026

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 30 days of inspection (issued on 1/13/26).

6.d.1- Client #2's 1147 expired on 1/3/26 and no current document was present in client's charts/records.

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#2's TB clearance expired 11/19/25 and no current result was present.

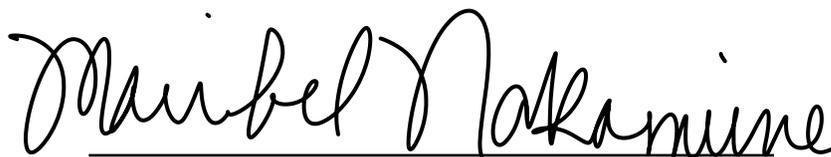
Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(2) Inspection of service sites;

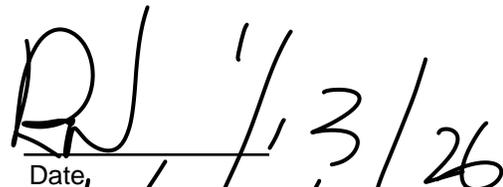
Comment:

50.(e), (e)(2)- CCFFH's gate buzzer was not functioning when activated by CTA. Per CG#1- did not hear any ringing/bell sound. CTA did check during the inspection and did not hear any ringing inside the CCFFH.



Compliance Manager


Primary Care Giver


Date 1/13/26

Date

Date 1/13/26