

# Foster Family Home - Deficiency Report

Provider ID: 1-634908

Home Name: Noly Bacerra, CNA

Review ID: 1-634908-18

94-921 Kuakahi Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 2/16/2026

## 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: 2/17/2026).

## 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): APS/CAN clearance present in CCFFH records was due by 4/29/2025 and completed 7/20/2025 for CG#2.

## 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 evidence present in CCFFH records of confidentiality training completed for CG#4, CG#7, and HHM#2.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#4.

41.(b)(8): Evidence of lapse present in CCFFH records of bloodborne pathogen training was due by 7/20/2025 and completed 9/24/2025 for CG#4.

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

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a): Internal emergency management policy has a signature sheet that is not signed by CG#4 and CG#7.

# Foster Family Home - Deficiency Report

Foster Family Home	Insurance Requirements	[11-800-51]
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51.(a)(2) Automobile; and

Comment:

51.(a)(2): Current automobile insurance present in CCFFH records only has \$20,000 bodily injury damage per person and \$10,000 property damage coverage.

Foster Family Home	Fiscal Requirements	[11-800-52]
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52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

Foster Family Home	Records	[11-800-54]
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54.(c)(5) Medication schedule checklist;

Comment:

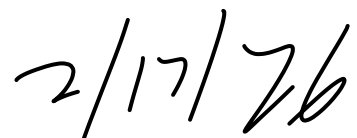
54.(c)(5): Discrepancy noted between Metformin order documented in medication administration record (MAR) and physician order in chart compared medication label on hand. MAR and physician order stated Metformin 1000mg 1 tablet PO daily but medication label stated 500mg 1 tablet PO daily. CG#5 stated that 500mg had been administered and unaware of discrepancy.



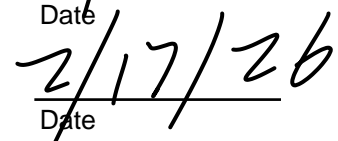
Compliance Manager



Primary Care Giver



Date



Date