

Foster Family Home - Deficiency Report

Provider ID: 1-210085

Home Name: Pauline Claire Ann Sumagit,
CNA

Review ID: 1-210085-12

5119-B Likini Street

Reviewer: Po Lim

Honolulu HI 96818

Begin Date: 11/6/2025

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/6/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) Sex Offender check are not present for CG#1, #2, #3, and HHM#1, #2.

8(a)(2) APS/CAN checks were lapsed for CG#1.

APS/CAN was due on or before 11/28/2024 and was completed on 2/3/2025.

APS/CAN checks were lapsed for HHM#2.

APS/CAN was due on or before 10/15/2025 and was not completed or in file.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#2.

Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(2) Be a NA, an LPN, or RN;

- 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)(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(a)(2) CNA Prometric registry check are not present for CG#1.

41.b.4 Disclosure form present is not up to date for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1,#2,#3 and HHM #2, #3, #4. CG#1 TB clearance lapsed, was due on/before 8/21/2025 and was done on 10/29/2025. CG#2 TB clearance lapsed, was due on/before 10/5/2024 and was done on 10/16/2025. CG#3 TB clearance lapsed, was due on/before 10/5/2024 and was done on 10/16/2025. HHM #2, #3, and #4 Does not have evidence of current or exclusion of TB tests.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#2 and #3. It was due on/before 11/10/2024.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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) RN delegation present for Client #1 was for non-CTA approved caregiver. HHM#2 name was added to the client's delegation and wrongfully approved by the CMA RN.

Foster Family Home	Records	[11-800-54]
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- 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;

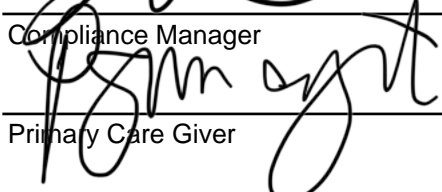
Comment:

54(c)(2) No current signature of POA for service plan present for Client#1.

54(c)(5) MAR was not documented daily for Client #1. Sheet not completed from 10/4/2025 to 11/5/2025. MAR was not documented daily for Client #2. Sheet not completed from 10/7/2025 to 11/5/2025. MAR was not documented daily for Client #3. Sheet not completed from 10/7/2025 to 11/5/2025

54(c)(6) ADL flowsheet was not documented daily for Client#1. Sheet not completed from 10/4/2025 to 11/5/2025. ADL flowsheet was not documented daily for Client#2. Sheet not completed from 10/7/2025 to 11/5/2025. ADL flowsheet was not documented daily for Client#3. Sheet not completed from 10/7/2025 to 11/5/2025.



 Compliance Manager


 Primary Care Giver

11/6/2025

 Date
 11/6/2025

 Date