

Foster Family Home - Deficiency Report

Provider ID: 1-584020

Home Name: Renelda Raposas, CNA

Review ID: 1-584020-18

1261 Hooli Circle

Reviewer: Po Lim

Pearl City HI 96782

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 re-certification inspection.

42.a. Client#2 Form 1147 had expired on 8/2/2025.

Deficiency Report issued during CCFFH inspection via email on 2/11/2026 with Plan of Correction due to CTA within 10 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;

Comment:

8.(a)(1) Sex Offender check are not present for HHM#1.

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 CG#2.

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

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

Comment:

41.(f)(1) No current TB clearance or TB exclusion for HHM#1. TB clearance was due on or before 2/24/2025 and was not present in the file.

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Foster Family Home

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)(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;

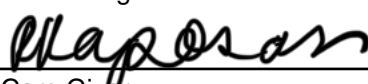
Comment:

54(c)(2) No current service plan present for Client#1. Last one in record is dated 11/24/2024..

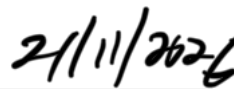
54(c)(6) Client#1 ADL flowsheet was not documented daily. Sheet not completed from 2/9/2026 to 2/10/2026.



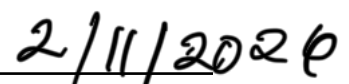
Compliance Manager



Primary Care Giver



Date



Date