

Foster Family Home - Deficiency Report

Provider ID: 1-510223

Home Name: Teresa Mateo, CNA

Review ID: 1-510223-19

1522 Gulick Avenue

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 9/9/2025

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/9/25).

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#1's TB clearance lapsed on 7/2/25 and was not renewed until 8/9/25.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No monthly fire drills completed for the months of August 2024 thru June 2025.

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)- CG#4 and CG#5 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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;

Comment:

54.(c)(2)- Client #1's Service Plans dated 4/6/25 and 10/22/24 were without the POA's signature. Client #2's Service Plans dated 2/20/25 and 8/29/24 were without the POA's signature.

Maribel Nakamine, RN 9/9/25
Compliance Manager Date
Teresa Mateo 9/9/25
Primary Care Giver Date