

Foster Family Home - Deficiency Report

Provider ID: 1-220038

Home Name: Zianne Mianca Soria, CNA

Review ID: 1-220038-10

4483 Luaole Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 2/20/2026

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 2/20/26).

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 lapsed on 9/13/25 and renewed on 1/20/26.

Foster Family Home Client Care and Services [11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b)- CCFFH with only 2 clients (1 PP & 1 Medicaid) for about 2 years; CCFFH is licensed for 3 beds. No evidence that CG#1 was actively looking for a 3rd client or to fill open bed.

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

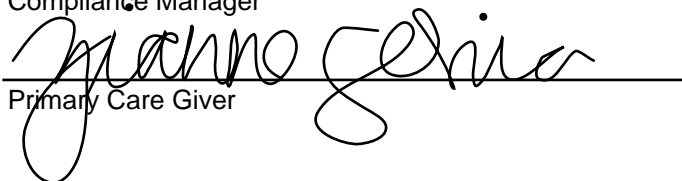
49.(c)(3)- Client #1 and Client #2's windows/screens were very dusty; Client #2's bedroom with strong smell of human urine; no screen in Client #2's bedroom sliding door- mosquitoes, vermins, bugs, insects can come inside the client's bedroom and possibly bit the client.

49.(c)(3)- Clients' bathroom light bulb was too dim; other light was not functioning.

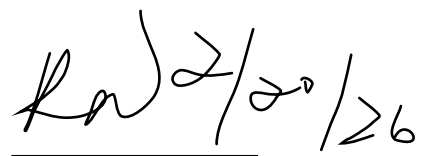
49.(c)(3)- Clients' bathroom sink was slow draining; clogged.




Compliance Manager



Primary Care Giver



Date



Date