

# Foster Family Home - Deficiency Report

Provider ID: 1-560418

Home Name: Ana Liza De Guzman, CNA

Review ID: 1-560418-19

757 Hoopai Street

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 4/6/2026

## 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 inspection for a 3 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 4/6/2026 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)(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 checks were overdue for CG#1, #2, #3.  
CG#1 and CG#2 APS/CAN was due on or before 7/3/2025 and was not present in the CCFFH file.  
CG#3 APS/CAN was due on or before 12/5/2025 and was not present in the CCFFH file.

APS/CAN Checks were lapsed for HHM#2 and #3.  
APS/CAN was due on or before 6/26/25 and was completed on 6/29/25.

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

41.(a)(2) Be a NA, an LPN, or RN;

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41(a)(2) CNA License expired on 3/31/2026 for CG#3.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#3. It was due on/before 1/2/2026.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#3. CG# 3 requires 12 hours of in-service training, but had only 4 hours attended in 2025.

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## Foster Family Home

## Client Care and Services

[11-800-43]

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) No RN delegation present for Client #1 for CG#3.  
No RN delegation present for Client #2 for CG#2 and #3. No RN delegation present for Client #3 for CG#2 and #3.

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly / included each CG at least once per year.  
CCFFH last fire drill was on 5/24/2025.  
CG#3 did not conduct a fire drill in the past 12 months.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business. Expired on 10/9/2025.

## 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)(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 signatures of POA for service plan present for Client#1, #2, and #3.

54(c)(5) No MAR present for April 2026 for Client#1, #2, and #3.


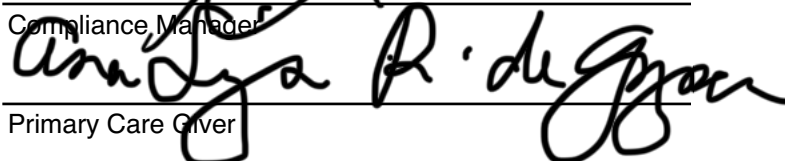
Client#1 MAR was not documented daily. Sheet not completed from 11/24/25 thru 11/30/25, 1/13/26 thru 1/31/26, 2/24/26 thru 2/28/26, and 3/30/26 thru 3/31/26.

Client#2 and #3 MAR was not documented daily. Sheet not completed from 3/13/26 thru 3/31/26.

54(c)(6) No ADL flow sheet present for Client#1, #2, and #3 for April 2026.

Client#1 ADL was not documented daily. Sheet not completed from 11/24/25 thru 11/30/25, 1/13/26 thru 1/31/26, 2/24/26 thru 2/28/26, and 3/30/26 thru 3/31/26.

Client#2 and #3 ADL was not documented daily. Sheet not completed from 3/13/26 thru 3/31/26.

  
Compliance Manager  
  
Primary Care Giver  
Date 04/07/26  
Date 04/07/26