

Foster Family Home - Deficiency Report

Provider ID: 1-230020

Home Name: Angelica Vallente, CNA

Review ID: 1-230020-7

94-1064 Hiapo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/12/2026

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 made for a 3-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 3/12/26).

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

6.d.1- Client #1's 1147 form dated 2/15/26-2/15/27 was not signed by the client's PCP/MD.

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), (2)- HHM#3 and HHM#4 were without any results of APS/CAN/Fingerprint.

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 confidentiality policies and procedures and client privacy rights training present for HHM#3 and HHM#4.

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

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

Comment:

41.(b)(8)- CG#4's First Aid certification expired on 2/13/26 and no current certificate/training was present.

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

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#6 without evidence of having conducted a monthly fire drill for the CCFFH.

Foster Family Home - Deficiency Report

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 #2's bedroom window screen with a large rip/hole. Bugs, mosquitoes, vermin, etc. can enter client's bedroom and possibly bit the client.

Foster Family Home

Records

[11-800-54]

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)(6)- Client #1's ADLs/Daily Care Flowsheet was last completed on 3/9/26

Michelle Makarewicz RN 3/12/26
Compliance Manager Date
M. Valente 3/12/26
Primary Care Giver Date