

# Foster Family Home - Deficiency Report

Provider ID: 1-220007

Home Name: Arvin-Lawrence C. Cardenas, RN

Review ID: 1-220007-9

1853A Makuahine Place

Reviewer: Maribel Nakamine

Honolulu HI 96817

Begin Date: 10/22/2025

## 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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 10/22/25).

## 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#2's APS/CAN/Ecrim lapsed on 4/13/25 and no current results were present.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7)- CG#2's TB Clearance lapsed on 4/29/25 and was not renewed until 10/14/25.



41.(b)(8)- CG#2's bloodborne pathogen and infection control certification lapsed on 9/9/25 and was not renewed until 10/14/25. CG#3's bloodborne and infection control certification lapsed on 9/9/25 and no current certificate was present.

## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - one daily scheduled medication (Pravastatin 80 mg) was not transcribed in Client #1's Medication Administration Record (MAR).

  
Compliance Manager  
  
Primary Care Giver

Date 10/27/25  
Date 10/22/25