

Foster Family Home - Deficiency Report

Provider ID: 1-240045

Home Name: Del Isleta, CNA

Review ID: 1-240045-6

94-671 Loaa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/11/2026

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 (issued on 3/11/26).

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

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)- No sex offender search result was present for HHM#3.

8.(a)(1), (2)- CG#3, CG#4, CG#8, and CG#9's APS/CAN/Fingerprint results were dated more than 6 months as CG#1 requested to increase/applied for 3-bed CCFFH. HHM#3's APS/CAN expired on 2/3/26 and no current result was present.

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.

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

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(a)(2)- CG#1's Prometric Registry Check result expired on 9/30/25.

41.(a)(3)- CG#2, CG#3, CG#4, CG#8, and CG#9 were without the Job Experience forms completed.

41.(e)- CG#3, CG#4, CG#8, and CG#9 without a 3-bed substitute caregiver approval from the department (CTA).

Foster Family Home - Deficiency Report

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#2's last monthly fire drill conducted was dated 11/22/24. No monthly fire drill conducted for the past 12 months.

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- Client #2 was missing 5 medications during CCFFH inspection/medications reconciliation. The medications were Acetaminophen suppository, Dulcolax tablets, Lorazepam tablet, Voltaren cream, and Tussing DM.

Margaret D. [unclear] 3/11/26

Compliance Manager

[Signature] 3/11/26

Primary Care Giver

Date

Date