

Foster Family Home - Deficiency Report

Provider ID: 3-180060

Home Name: Eileen P. Pomroy, CNA

Review ID: 3-180060-16

18-1639 Ihope Road

Reviewer: Po Lim

Mt. View

HI 96771

Begin Date: 12/2/2025

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 re-certification inspection.

Client #2 Form 1147 is expired on 6/26/2025.

Client #3 Form 1147 is not present in the file.

Deficiency Report issued during CCFFH inspection via email on 12/2/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Second Fingerprint check is not present for CG#1 and CG#3.

8.(a)(1) Sex Offender check are not present for CG#1, #2, #3 and HHM#1, #2.

8(a)(2) APS/CAN checks were overdue for CG#2 on 11/24/2024.
APS/CAN checks were overdue for HHM#1 and HHM#2 on 1/12/2024.

8(c) State Name Check (eCrim) was overdue for CG#2 on 11/14/2024.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG #2 & #3, and HHM #1 & #2.

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

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

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

- 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.

- 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 Prometric registry check are not present for CG#1, #2, and #3.

41.b.4 No disclosure form present for CG#3.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1 & #3, and HHM#1 & #2. CG#1 TB clearance expired, was due on/before 12/18/2024 and was not completed. CG#3 TB clearance is not present in the file. HHM#1 TB clearance expired, was due on/before 1/10/2025 and was not completed. HHM#2 TB clearance is not present in the file.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1, #2, and #3. CG#1 was due on/before 1/14/2025. CG#2 does not have BBP/IC present on file. CG#3 does not have BBP/IC present on file.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #2, and #3. CG#1 requires 12 hours of in-service training, but had only 2 hours attended in 2024. CG#2 requires 12 hours of in-service training, but had only ZERO hours attended in 2024. CG#3 requires 12 hours of in-service training, but had only ZERO hours attended in 2024.

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.

Last drill conducted was on 9/18/2024. All CGs did not conduct a fire drill in the past 12 months.

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Records

[11-800-54]


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

Comment:

54(c)(5) No MAR present for November 2025 for Client#1.



Compliance Manager



Primary Case Giver

12/2/2025
Date

12/2/2025
Date