

Foster Family Home - Deficiency Report

Provider ID: 1-100095

Home Name: Emie Joy Pomoy, RN

Review ID: 1-100095-21

1676 California Avenue

Reviewer: Laurie Vosler

Wahiawa

HI 96786

Begin Date: 10/15/2025

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/15/2025.

The CCFFH did not have evidence of a current 1147 on file for client # 3. The 1147 on file expired 07/03/2025.

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

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 5. CG# 5 TB clearance lapsed, was due on/before 10/29/24 and was done on 10/29/23.

41.(b)(7) CCFFH did not have evidence of current TB clearance on approved Department of Health Form F for CG# 1,2, & 5.

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# 4 did not have evidence of conducting a monthly fire drill within the past 12 months.

Foster Family Home Records [11-800-54]

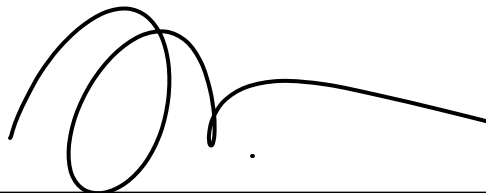
54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c),54(c)(2) No current service plan present for Client# 1. Last one in record is dated 03/17/2025.

54.(c),54(c)(2) No current service plan present for Client# 3. Last one in record is dated 10/29/2024.



LPN

Compliance Manager

10/15/2025

Date

10/15/2025

Date

Primary Care Giver

