

Foster Family Home - Deficiency Report

Provider ID: 2-590366

Home Name: Ethel Ah Lo, CNA

Review ID: 2-590366-19

995 Mililani Street

Reviewer: Maribel Nakamine

Hilo HI 96720

Begin Date: 10/21/2025

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 emailed to CCFFH with plan of corrections due to CTA within 30 days of issuance (issued on 10/27/25).

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 CG#2 and HHM#1.

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.(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)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(a)(2)- CG#1 without the Prometric Registry Check Result.

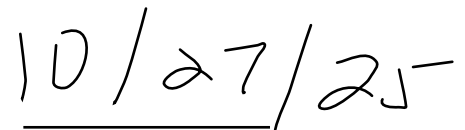
41.(a)(3)- CG#2 and CG#3 were without the Job Experience Form completed.

41.(b)(4)- CG#2 and CG#3 were without evidence of having completed the Substitute Caregiver Disclosure form.

41.(b)(5)- CCFFH without an Alternate Transportation Plan completed.



Compliance Manager



Date

Primary Care Giver

Date