

Foster Family Home - Deficiency Report

Provider ID: 1-512279

Home Name: Flordelisa Tomas, CNA

Review ID: 1-512279-20

94-1187 Halelehua Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/11/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced inspection for a 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 3/11/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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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)
Second Fingerprint check is not present in the file for CG#4, CG#5, HHM#3, HHM#4, and HHM#5.

8(a)(2) APS/CAN checks were lapsed for CG#1, CG#2, CG#4, and CG#5.
APS/CAN was due on or before 9/6/2025 and were completed on 11/14/2025.

APS/CAN checks were lapsed for CG#3, HHM#3, HHM#4, and HHM#5.
APS/CAN was due on or before 9/6/2025 and were completed on 11/21/2025.

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

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#4, CG#5, HHM#3, HHM#4, and HHM#5.

CG#4 TB clearance expired, was due on/before 2/6/2026.

CG#5 TB clearance expired, was due on/before 2/7/2026.

HHM#3 TB clearance expired, was due on/before 10/21/2025.

HHM#4 TB clearance expired, was due on/before 11/15/2025.

HHM#5 TB clearance expired, was due on/before 11/15/2025.

41.g. No basic skills check present in record for CG#2 and CG#3.

Foster Family Home **Client Care and Services** **[11-800-43]**

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client #2 for CG#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]**

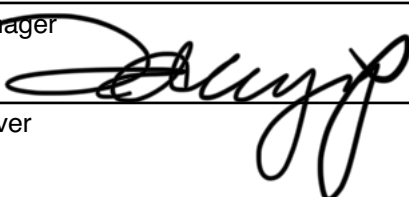
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

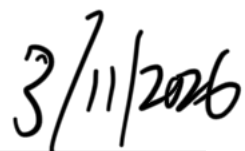
54(c)(2) No current signature of POA for service plan present for Client#1 and Client#2.



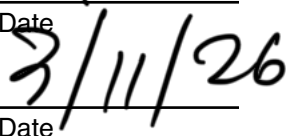
Compliance Manager



Primary Care Giver



Date



Date