

Foster Family Home - Deficiency Report

Provider ID: 1-250043

Home Name: Grace Tolentino, NA

Review ID: 1-250043-4

94-479 Hoaeae Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 4/8/2026

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 4/08/2026).

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): Criminal background check was due by 9/02/2025 for CG#3.

No evidence present in CCFFH records of sex offender registry search completed for CG#4.

8.(a)(2): APS/CAN clearance was due by 7/18/2025 for CG#3.

8.(a)(1)(2): No evidence present in CCFFH records of any sets of background checks completed for HHM#3.

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 evidence present in CCFFH records of CCFFH's confidentiality training was completed for CG#4 and HHM#3.

Foster Family Home - Deficiency Report

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

- 41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:
 - 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
 - 41.(f)(2) Background checks

- 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)(4): CG#1 disclosure form not updated to reflect current household composition.
No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#4.
- 41.(b)(7): TB clearance was due by 2/08/2026 for CG#3 and 10/11/2025 for CG#7.
- 41.(b)(8): Bloodborne pathogen training was due by 1/2/2026 for CG#1, CG#2, CG#3, and CG#7.
No evidence present in CCFFH records of first aid training completed for CG#4.
- 41.(c): 8 hours of in-services training completed in 2025 for CG#1 and 6 hours of in-service training completed in 2025 for CG#2 present in CCFFH records.
- 41.(g): No evidence present in CCFFH records of basic caregiver skills were checked for CG#2 and CG#4.
- 41.(f)(1)(2): The CCFFH had a connecting doorway that can be opened to lead to upstairs unit. Therefore, the CCFFH is considered one unit, not separate units. Individuals living on the other side of door were not listed as household members. No TB clearance or background checks present.
- 41.(f)(1): No TB clearance present in CCFFH records for HHM#3.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 evidence present in client #1's records of RN delegations of any tasks were given to CG#2, CG#3, CG#4, and CG#7.

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Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2): CG#2's current automobile insurance met \$50,000 bodily injury damage per person. CG#2 listed as an alternate driver in alternate transportation plan.

Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): Belongings found in client #1's bedroom closet that did not belong to the client or related to client's care.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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

54.(c)(8) Personal inventory.

Comment:

54.(b): No caregiver signature noted in progress notes documented in client #1 and #2's records.

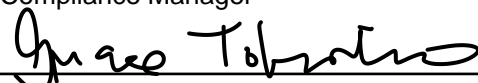
54.(c)(5): Felodipine not listed in client #2's medication administration record and last documented visit summary stated it was on hold. CG#1 stated that Felodipine had been administered.

No supply present of client #2's Pilocarpine medication.

54.(c)(8): No documentation present of inventory of personal belongings for client #1.



Compliance Manager



Primary Care Giver

4/8/26
Date
4/8/26
Date

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