

# Foster Family Home - Deficiency Report

Provider ID: 1-240003

Home Name: Katrine Pesca, CNA

Review ID: 1-240003-5

91-555 Papi Road

Reviewer: Po Lim

Ewa Beach HI 96706

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 visit made for a 3 bed re-certification inspection.

CCFFH is applying for an increase from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 10/15/2025 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;

Comment:

8.(a)(1)  
Second Fingerprint check is overdue for CG#1, CG#3, and CG#4.  
CG#1 and CG#4 missed second fingerprints on 11/15/2024.  
CG#3 missed second fingerprints on 9/26/2024.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(2) Be a NA, an LPN, or RN;

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- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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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).

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- 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.

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- 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(a)(2) CG#3 and #4 is not approved to work in a three beds CCFFH.

41(a)(3) No job experience form present for CG#2, #3, and #4.

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

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#4. CG#4 requires 12 hours of in-service training, but had only 9 hours attended in 2024.

41.g. No basic skills check present in record for CG#4.

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 RN delegation present for Client #1 and #2 for CG#4.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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- (3P)(b)(1) Fire shall be conducted monthly

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- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night

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- (3P)(b)(4) Fire shall include testing of smoke detectors


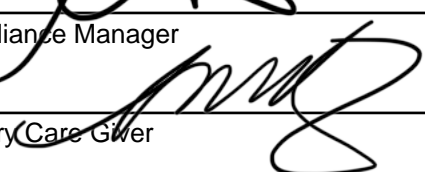
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- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#2 did not conduct a fire drill in the past 12 months.

  
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 Compliance Manager  
  
 \_\_\_\_\_  
 Primary Care Giver

10/15/25  
 \_\_\_\_\_  
 Date  
 10/15/25  
 \_\_\_\_\_  
 Date